



Shotgun Equine Nutrition

Owner name:

Horse (s) Name (s):

Location (city, state, country):

Breed (s):

Age:

Weight (present & ideal & body score):

Activity Level (maintenance, mild-moderate or heavy work)-describe work:

Living situation (Out 24/7?, Stalled?, Turn-out? Turnout acreage? Herd? Companion?):

Feeding Schedule (Twice a day? 3 times a day? Free-choice hay?):

Additional feeds/supplements (other than the provided hay analysis) & amounts fed?:

Water Sources (Well water? Filter system? Analysis available?):

Health Issues (EPSM/PSSM? PPID/Cushing's? Insulin Resistance? Age related teeth issues? Allergies? Mobility issues?):

Any feeding concerns/dislikes (ie. Dislikes beet pulp, won't eat cubes, doesn't like too much salt, etc):

If possible, a photo (s) of your horse (s) would be helpful.