



Northeast Pennsylvania Equine Clinic, L.L.C.

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Nutritional Evaluation Worksheet

Owner's name and phone number: _____

Address: _____

Horse's name: _____

Horse's age and weight: _____

Use: _____

Feedstuff Information

CONCENTRATES:
(grain, pellets, etc.)

1. Name of feed: _____

Type of feed: _____

% protein: _____ Pounds fed daily: _____ # of feedings daily: _____

HAY

Type: (for example, mixed grass, legumes, 50:50 mixed grass and legumes) _____

Cutting: _____ Pounds fed daily: _____ # of feedings daily _____

Quality of hay: _____

PASTURE

Pasture available: (for example, none, minimal, average, lush, approx. # of acres)

Type of pasture: (for example, mix grass, legumes, mix grass & legumes)

Hours/day on pasture: _____ Pasture quality: _____



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SUPPLEMENT

Name: _____

Supplement type: _____

% protein: _____ **Amount fed daily (weight):** _____ **# fed daily:** _____

How would you rate your feeding schedule consistency? _____

Would you describe this horse as an easy keeper, hard keeper, or some where in-between?

How would you rate the consistency of the quality of your feeds? _____

Please include with this form feed tags, and or feed analysis of all feeds in this ration.

Thank you!