# Traumatic Head Injury in Horses

**Disclaimer:** The information in this survey will be kept confidential and used solely for the purpose of an investigational study at The Ohio State University on traumatic head injury in horses. After the study completion, sensitive information, such as contained on this document, will be permanently destroyed.

## Horse Details

- **Age of horse:** __________________________
- **Breed of horse:** _________________________
- **Sex:** Male □ Female □ Gelding □
- **Color:** ________________________________
- **Temperament (1 calm through 5 flighty):** _____

## Previous Medical History

- **Any known preexisting disease?** Y □ N □  
  If yes, what? ____________________________
- **Has the horse fallen before?** Y □ N □
- **Any neurologic disease (e.g. EPM)?** Y □ N □
- **Any lameness?** Y □ N □
- **Any neck arthritis?** Y □ N □
- **Any cardiac disease?** Y □ N □
- **Any vision/eye problems?** Y □ N □
- **Any current medications?** ________________

## Weather Details (if outdoors)

- **Daytime?** Y □ N □  **Nighttime?** Y □ N □
- **Raining?** Y □ N □  **Dry conditions?** Y □ N □
- **Windy conditions?** Y □ N □
- **Thunderstorm?** Y □ N □

## Footing Details

- **Wet ground?** Y □ N □  **Dry ground?** Y □ N □
- **Soft ground (e.g. grass/sand)?** Y □ N □
- **Hard ground (e.g. asphalt)?** Y □ N □
- **Slippery ground?** Y □ N □
- **Is the horse shod?** Y □ N □
- **If yes, what type of shoes?** ________________

## Rider/Handler Details

- **If not being ridden at the time of injury**  
  - Was the horse being lead? Y □ N □
  - Was the horse in cross-ties? Y □ N □
  - Was the horse tied to a fixed object? Y □ N □
  - Any contributing factor that lead to the occurrence of injury? (e.g. veterinary procedure) Y □ N □

- **If being ridden at the time of injury**  
  - Was the horse being lead? Y □ N □
  - Was the horse alone? Y □ N □
  - Were there other horses around? Y □ N □
  - Were other horses also injured? Y □ N □
  - If yes, how many? ________________

## Incident Details

- **Location of incident**
  - Home? Y □ N □  **Being loaded?** Y □ N □
  - During travel? (e.g. trailer incident) Y □ N □
  - Show? Y □ N □  **Being Ponied?** Y □ N □
  - During a race? Y □ N □  **Starting gate?** Y □ N □
  - Other? ________________

- **Was the horse considered fit for the type of work being done at the time of injury?** Y □ N □
- **Was the incident under saddle?** Y □ N □
- **If yes, what type of saddle?** ________________

## If observed

- **When was the horse last seen to be normal?** _____ hrs
- **If you have any other information that you feel is important in describing this incident, please provide further details on the back of this question form.**

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**Thank you for your assistance with this project.**

*This information will be valuable in understanding traumatic head injury in horses.*

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