

# EQUINE GRASS SICKNESS FUND

## CASE FORM

If you have had a case of grass sickness, please complete this form.

If you prefer not to include your name and address please put the nearest town or the County.

The information submitted in this form will be treated in strictest confidence and will not be used for any purposes other than in connection with research into Equine Grass Sickness.

|         |       |            |       |
|---------|-------|------------|-------|
| Name    | _____ |            |       |
| Address | _____ |            |       |
| County  | _____ | Post Code: | _____ |
| Tel No: | _____ | Email:     | _____ |

|                        |                              |                             |  |
|------------------------|------------------------------|-----------------------------|--|
| Name of horse or pony: | _____                        |                             |  |
| Age _____              | Sex _____                    | Breed _____                 |  |
| Are you the owner ?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |

When did grass sickness occur ? \_\_\_\_\_

Nearest town to where the horse was kept when it became ill: \_\_\_\_\_

Was it: Acute GS  Subacute GS  Chronic GS

|                    |                          |  |     |                          |    |                          |
|--------------------|--------------------------|--|-----|--------------------------|----|--------------------------|
| Did the horse/pony |                          |  |     |                          |    |                          |
| a) Die             | <input type="checkbox"/> | If yes, was EGS confirmed by post mortem?    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) Survive         | <input type="checkbox"/> | If yes, was it able to work after being ill? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Doing what ? \_\_\_\_\_

Any long-lasting problems ?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your comments or observations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form to:  
Equine Grass Sickness Fund, Moredun Foundation, Pentlands Science Park, Penicuik, EH26 0PZ