

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Horse's Name \_\_\_\_\_ Veterinarian \_\_\_\_\_

Reason for Visit \_\_\_\_\_

For the following questions, circle any below that are true.

## HORSE RESPIRATORY SIGNS

1. Has your horse ever been diagnosed with IAD, RAO, COPD or Heaves? ..... Yes No
2. Does your horse have excessive nostril flare when breathing or noticeable heave line? ..... Yes No
3. Do you ever think your horse has "seasonal allergies" (nasal discharge, coughing, sneezing, trouble breathing during the spring and summer months) ..... Yes No
4. How would you describe your horse's respiratory health?
  - a. Excellent/No problems
  - b. Overall Good/Occasional issues
  - c. Poor/Needs help
5. Does your horse cough (circle all that apply)
  - a. At rest?
  - b. When eating?
  - c. At the start of exercise (a "warm up" cough or "clearing lungs")
  - d. Throughout exercise?
  - e. If you lightly squeeze the trachea?

## FITNESS + PERFORMANCE

1. Is your horse experiencing exercise intolerance or struggling to maintain fitness? ..... Yes No
2. Does your horse have trouble recovering after exercise or cooling down? ..... Yes No
3. Does it seem like your horse doesn't get enough air? ..... Yes No
4. Any unusual behaviors during performance events last year? ..... Yes No  
If yes, please indicate \_\_\_\_\_

## HORSE HEALTH HISTORY

1. Has your horse had a respiratory infection in the past?  
(Pneumonia, Influenza, Herpes virus) ..... Yes No
2. Has your horse had throat surgery? ..... Yes No
3. Has your horse ever had an upper airway endoscopy? ..... Yes No
4. Has your horse ever had a dynamic scope performed? ..... Yes No
5. Has your horse ever had a BAL (bronchoalveolar lavage)? ..... Yes No
6. Do you use any kind of heart rate monitor for your horse? ..... Yes No
7. Have you managed respiratory issues with a bronchodilator like  
clenbuterol or albuterol? ..... Yes No
8. Have you managed respiratory issues with a glucocorticoid or  
corticosteroid like dexamethasone or fluticasone? ..... Yes No
9. Have you tried antihistamines in your horse? ..... Yes No
10. Do you or have you used a Nebulizer or Inhaler (with spacer) for  
your horse? ..... Yes No

## ENVIRONMENTAL MANAGEMENT

1. Do you steam or soak your hay? ..... Yes No
2. Do you feed round bale hay? ..... Yes No
3. What percentage of the day does your horse live:
  - a. Outdoors (pasture, field) \_\_\_\_\_
  - b. In a stall \_\_\_\_\_
    - i. What type of bedding is used? \_\_\_\_\_

## ADDITIONAL QUESTIONS/COMMENTS

Are you satisfied with your current treatment/management of the cough or other respiratory issues?

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Scan the QR code to download and print additional copies of the Equine Respiratory Survey.



Scan to download the checklist.

**IMPORTANT SAFETY INFORMATION:** ASERVO EQUIHALER has not been evaluated in pregnant or lactating mares. In a large clinical field study, the most common adverse reactions reported were coughing, nasal discharge, sneezing, and nasal irritation/bleeding. Glucocorticoids should be used with caution in horses at a higher risk for laminitis. Not for use in humans. Keep this and all medications out of the reach of children. In case of accidental inhalation, seek medical advice immediately.

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**EquiHaler®**  
(ciclesonide inhalation spray)