

Questionnaire – equine summer eczema research

To be filled by the horse's owner or veterinarian and shipped together with the blood samples

Date of blood sampling: _____.

Owner information

Name: _____.

Address: _____
_____.

Phone: _____.

E-mail: _____.

Horse information

Name: _____.

Age: _____ years

Breed: Icelandic horse

other: _____.

Gender: mare gelding stallion

Color: _____.

- If you would like to obtain the result of the sensitization test form your horse, please check this box. We will test all blood samples for sensitization to *Culicoides* allergen.

- When was the skin allergy observed for the first time?
Year _____ or age of the horse _____.

- How often did it occur since then?
 every summer _____.

- Which parts of the body are affected?
 mane tail neck belly croup head
 others _____.

- Does the hair grow back in the winter?
 no yes, most of it yes, completely

- Did the severity of the skin allergy increase over the years?
 no yes

- Does the horse show clinical signs of summer eczema right now?
 no yes, mild signs yes, severe signs
If yes, when did the current allergy start? _____.

- Was one or both of the horse's parents allergic?
 mare stallion don't know

- Was the horse imported from Iceland or born in the US?
 imported from Iceland born in the US don't know

