When you have loved and cared for your horse and provided a good quality of life it is equally important that they have a good end of life.

Assessing quality of life for your horse

Questions to consider?

1. Have you sought the opinion of your vet regarding the current condition of your horse?

2. Remember how your horse was prior to injury or illness.

3. Do you have the time and energy to support an ageing or ill horse?

4. Have you considered the financial implications of ongoing veterinary care?

5. If your horse is insured, have you sought the advice of your insurance company?

Depending on the circumstances, there may be inexpensive treatments available, or changes in management, to help improve quality of life.

How to use the chart

The chart below will help you visualise and monitor all aspects of your horse’s life and help indicate good or poor quality of life. The chart can be used when observing your horse on a daily basis to monitor their condition, but is equally as useful when used every couple of weeks, as this will help indicate areas of concern. If you identify **any** of the conditions in the list, the BHS advise that you seek veterinary advice as a slight change in behaviour can indicate that veterinary attention is needed; potentially resulting in improved quality of life for your horse.

|  |  |  |
| --- | --- | --- |
| **My horse ……** | **Yes** | **No** |
| 1. Does not interact with me in the same way as before

e.g. does not come to greet you in the morning |  |  |
| 1. Does not interact with other horses in the same way as before e.g. keeps their distance from the rest of the herd
 |  |  |
| 1. Is withdrawn, dull or depressed e.g. stands in the corner of the stable with head down
 |  |  |
| 1. Behaviour has changed significantly e.g. has become aggressive
 |  |  |
| 1. Does not seem to enjoy life e.g. a change in character

such as showing signs of stress |  |  |
| 1. Is not eating their normal amount of forage

e.g. a significant amount of forage is being left |  |  |
| 1. Is not as active as normal e.g. stiff movement, reluctant to walk or reduced performance
 |  |  |
| 1. Has a dull staring coat
 |  |  |
| 1. Is losing weight
 |  |  |
| 1. Is having diarrhoea often e.g. for three or more days
 |  |  |
| 1. Is not drinking enough water
 |  |  |
| 1. Is experiencing discomfort or is not able to urinate

e.g. attempts to urinate but nothing happens |  |  |
| 1. Needs help to move or get up e.g. struggles to rise from lying down
 |  |  |
| 1. Is experiencing pain
 |  |  |
| 1. Is not weight bearing on one or more limbs e.g. cannot comfortably stand on all four limbs or is resting a front leg
 |  |  |
| 1. Is sweating without exercise
 |  |  |
| 1. Is blowing (panting) without exercise
 |  |  |
| 1. Is trembling or shaking
 |  |  |