

**LONG TERM SURVIVAL** (place X in the relevant boxes) For more information see [www.internationalcolicaudit.com](http://www.internationalcolicaudit.com)

DATE:

37 **DATE OF FOLLOW UP** (or date when information about horse last known e.g. if sold [censor date]):

DD / MM / YYYY

38 **IS THE HORSE STILL ALIVE?** (was the horse still alive at the time of follow up? )

NO:

UNKNOWN-horse sold / at different premises:

UNKNOWN-owner / agent could not be contacted:

YES:

**ONGOING PROGRESS** (for horses no longer owned / alive, please fill in any details about progress prior to sale or death)

39 **NUMBER OF COLIC EPISODES SINCE LAST FOLLOW UP:** all colic episodes observed including vet and non vet attended

0 0 0

40 **HAS THE HORSE DEVELOPED ANY NEW HEALTH -RELATED PROBLEMS SINCE LAST CONTACT?**

NO:

YES-Hernia formation of abdominal incision:

YES-Colic episodes (veterinarian attendance not required):

YES-Infection of abdominal incision:

YES-Colic episodes (veterinarian attendance required):

YES-Not related to colic or colic surgery (give details below):

YES-Other colic or colic surgery related problem (details):

41 **PLEASE SUPPLY NEW HEALTH DETAILS IF NOT LISTED ABOVE:**

( write NA if none):

42 **HAS THE HORSE RETURNED TO PREVIOUS LEVEL OF ATHLETIC PERFORMANCE OR INTENDED LEVEL OF EXERCISE?**

YES:

NO- related to colic or colic surgery:

NO- related to other medical problems:

NOT APPLICABLE-does not perform athletic activities (e.g. pasture pet, broodmare):

**DEATH DETAILS (IF APPLICABLE)** - please complete if the horse has died or has been euthanased

43 **DATE OF DEATH:**

DD / MM / YYYY

44 **CAUSE OF DEATH**

DIED- colic / colic surgery related:

EUTHANASED-colic / colic surgery related:

DIED-other reason:

EUTHANASED-other reason:

45 **CAUSE OF DEATH NOTES:** reason for euthanasia or why the horse died

46 **MORTALITY SUSPECTED OR CONFIRMED?** Was the reason for death / euthanasia confirmed or suspected

CONFIRMED (post-mortem or repeat laparotomy undertaken):

SUSPECTED (no post-mortem or repeat laparotomy):

**THANK-YOU FOR COMPLETING THIS FORM**— please enter data via app or website at [www.internationalcolicaudit.com](http://www.internationalcolicaudit.com)