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**Please help us gather information about Knabstrupper horses with eye diseases**

The Knabstrupper Association for Denmark is aware of the ERU- Equine recurrent uveitis. It is hypothesized to be a complex autoimmune disease influenced by both genetic and environmental factors. Horses with the LP- and PATN genes are particularly susceptible to ERU, which suggests that genetics plays a significant role in ERU risk in this breed

The Knabstrupper Association for Denmark is working toward finding out the causes and environmental needs of ERU to thrive, using this information we will try to eliminate the problem through breeding and prevention.

The Knabstrupper Association has already supported and contributed to research into the ERU problem through support and collaboration with the researchers and with Professor Rebecca Bellone and her research team at UC-Davis in the USA.

In 2018, the research team came to Denmark and Sweden, where they examined a very large number of "healthy" horses for signs of eye diseases, it is intended that the project will use this information gathered to continue with current and further studies into ERU prevention and treatment.

We hope to get an overview of how frequent the disease appears in Knabstrupper horses, when it breaks out and whether there is a genetic predisposition in special bloodlines.



It is very expensive to examine and follow all horses for this disorder on a research level, where blood and main-hair samples must be taken and submitted for testing, as these must be sent for examination by researchers in California. At the same time extensive eye examinations of all the horses must be carried out. Therefore, we would like to ask for help from knabstrupper breeders, owners of horses who have or have had eye disorders such as Uveitis or ERU, or horses who "just" have had recurring problems with light-sensitive, running, or inflamed eyes.

If you have or have had a knabstrupper horse with the above eye problems, please fill out the form on the website. We would ask for a detailed account of all incidents that have occurred – starting with the first problems that were found, along with diagnosis and treatment plans, along with a detailed indication of the time of the incident.

All cases, regardless of the extent of the eye disorder, is appreciated. You can contribute with important information to the future study and work with the eye diseases.

• *EU-anerkendt moderforbund* •
• *Fører af den oprindelige stambog for Knabstrupperracen* •





**Information form for horses with eye diseases (ERU, Uveitis and other eye diseases)**

Please read the descriptions of the different diagnoses so that the form is answered as correctly as possible.

**Uveitis \*:** Inflammation of the eye / uvea. Acute and very painful. The symptoms will often include one or more of the following: pain, pinching of the eye, swelling and redness around the eye, eye rash maybe infection, bluish/misty color in the corner of the eye.

**ERU \*\*** (Equine Recurrent Uveitis): Recurrent episodes of uveitis (2 or more within a few years). However, completely low-grade inflammations are also seen. This is especially seen in the knabstrupper horse. These horses may appear asymptomatic or with few or minimal symptoms.

**Other eye issues \*\*\*:** Increased eye rash / watery eyes, photosensitivity, itching eye, eye inflammation, night blindness, etc.



Please fill out the form as accurate as possible. If you can’t answer a question, please describe any information you have, if it’s possible.

**Information of the horse:**

Name of the horse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identity number or grading number of the horse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pedigree:

Sire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Damsire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you aware of any eye issues in the pedigree of the horse? Please describe all known information: example name of the horse(s), identity number of the horse(s), diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the horse been genetically tested?
☐ Yes – Please mark the correct test result in the box below

☐ No – Please describe the color of the horse or attach a picture of the horse when submitting this form. If possible also attach a picture of the horse as foal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| ☐ LP/LP | ☐ LP/lp | ☐ lp/lp |
| ☐ PATN/PATN | ☐ PATN/patn | ☐ patn/patn |

Is the horse still alive?
☐ Yes
☐ No Date of passing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If deceased. Is the horse deceased because of?
☐ ERU
☐ Uveitis
☐ Other eye disesas
☐ Other cause

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the horse have/or had Uveitis?\*

☐ Yes

☐ No

When was the horse diagnosed? Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What vet diagnosed the horse? Name of the vet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What vet treated the horse? Name of the vet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please briefly describe the time of the illness incident.

If possible, please attach medical records from the vet or in your own words describe the medical information about the horse

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Does the horse have/or had ERU?\*\*

☐ Yes

☐ No

When was the horse diagnosed? Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What vet diagnosed the horse? Name of the vet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What vet treated the horse? Name of the vet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please briefly describe the time of the illness incident.

If possible, please attach medical records from the vet or in your own words describe the medical information about the horse

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Does the horse have/or have had another eye disease?

☐ Yes

☐ No

When was the horse diagnosed? Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What vet diagnosed the horse? Name of the vet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What vet treated the horse? Name of the vet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please briefly describe the time of the illness incident.

If possible, please attach medical records from the vet or in your own words describe the medical information about the horse

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Does the horse have/or did the horse have other eye issues?\*\*\*

☐ Yes
☐ No
When? Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which vet examed the horse? Name of the vet :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
If treatment was required, what vet treated the horse? Name of the vet:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please briefly describe the time of the illness incident.

If possible, please attach medical records from the vet or in your own words describe the medical information about the horse

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Does or did the horse have other small eye issues which has/was not checked by a vet?

☐ Yes

☐ No

Please briefly describe the time of the illness incident.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Information about the owner of the horse:**

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Zip code. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I have owned the horse since: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ The owner of the horse agrees that the Knabstrupper Association for Denmark will in future store the above information in an eye disease database. If the owner wants information deleted, please contact the Knabstrupper Association for Denmark. (We just need to get a handle on how we can relate to this point in relation to the General Data Protection Regulation GDPR). The Knabstrupper Association for Denmark will reserve the right to use the information in anonymized form for owner as well as horse, for research and increase awareness of the cause, spread and possible heredity of the disease.

☐ The owner agrees that the above information may be passed on to third parties in connection with research projects.

☐ The Knabstrupper Association for Denmark can contact the veterinarian of the horse and receive a medical record about the horse's eye problems.

Name of the vet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Date and signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**