

## Standards of Care – Equine Vaccinations

### Core Vaccinations – West Nile, Tetanus, EEE, WEE

Traveling horses and at risk horses also Rhino/Flu (Calvenza)

### West Nile, SST

- Non-Vaccinated Horses - get 2 doses 3-6 weeks apart. Last dose should be given in March/April prior to insect season. Then yearly by March/April.
- Foals -
  1. From vaccinated mare's start at 6 months of age with 2 doses 3-6 weeks apart.
  2. From unvaccinated mares start at 3 months of age with 3 doses 3-6 weeks apart, last one given at 6 months of age.
- Pregnant mares - Should be vaccinated 4-6 weeks prior to foaling
- WN, SST vaccines should be given on the left side.
- If tetanus has not been given in the past 6 months then a booster is required prior to surgery or after receiving a wound.

### Rhino/Flu (*Calvenza EIV/EHV*)

- A risk assessment should be done to see if needed.
  1. Traveling
  2. Showing
  3. Stabled
- Non-Vaccinated Horses – get 3 doses 4 weeks apart. Booster annually and 2 weeks before exposure.
- High Risk Horses - should receive every 4 months
- Foals – start at 6 months of age. Do a risk assessment before giving.
- Pregnant Mares – give pnuemabort + K at 5 and 7 months of pregnancy and then calvenza at 9 months of pregnancy.
- The vaccine should be given on the right side.

### Strangles (*Pinnacle IN*)

- Recommended for horses where strangles is endemic.
  - Feedlots
  - Breeding farms
- Recommended for horses in face of an outbreak.
- Not recommended for pleasure or performance horses kept in low risk environment.
- Give 2 doses 2-3 weeks apart then annually. **Given intranasal**
- **Need to wash hands and equipment following administration!**  
(*Modified live bacteria*)

### Rabies (*ImRab 3/Purevac TF - 2mL*)

- Recommended for endemic areas only, particularly wooded areas.
- Not recommended for pregnant mares.
- Not given locally unless diagnosis made in area.
- Give 2mL to horses annually.

## Standards of Care – Equine Deworming

**Jan/Feb** – Deworm with an ivermectin product for bot treatment.

**May** – Deworm with Panacur. (5mg/Kg)

**July** – Deworm with Anthelcide.

**Oct/Dec** – Deworm with a larvicidal treatment such as Panacur at 10mg/kg daily for 5 days. (Panacur Power Pack)

**Fecals** - Should be done once a year or as needed due to clinical signs.

1. Diarrhea
2. Weight loss
3. Colic

**Pregnant Mares** – Should be dewormed 30 days prior to foaling. If not done, then deworm after foaling.

**Foals** - If deworming guidelines are followed for pregnant mares then start foals at 1 month of age, and then every month until weaning. Then follow adult guidelines.

- Foals from non-dewormed mares should be started at 1 week of age and then every 30 days until weaning.
- Keep in mind that not all dewormers are safe for foals; check the label to be sure.

Keep in mind that deworming is one aspect of parasite control. Intestinal parasites (worms) are primarily transferred through manure

- Keep number of horses per acre to minimum.
- Dispose of manure regularly.
- Do not spread manure on fields grazed by horses. One method of disposal is composting.
- Mow and harrow pastures periodically to break up manure piles and expose parasite larvae to elements.
- Consider rotating pastures with other species of animals such as cattle and sheep.
- Keep younger horses separate from older horses to decrease exposure.
- Use a feeder for hay and grain rather than feeding on the ground.
- Remove bot eggs regularly from horse's hair coat. Bot eggs are consumed by grooming habits of horses.

## Standards of Care – Equine Oral Care

Yearly oral care exams should be done to check dentition for points, hooks, uneven bite plane, and malalignment.

- These exams should start at 2-3 years of age so caps can be removed, and other eruption problems evaluated. Then done yearly.
- Floating will be conducted based upon need, and pathology.

Dental care is a very important aspect of overall equine health.