

**HERD HEALTH REVIEW OF EQUINE RANCHES**      **Review 1**      **Date** \_\_\_\_\_  
*This Herd Health Review covers the period from March 1, 2013 – February 28, 2014*

**Contract Name** \_\_\_\_\_ **Contract Number** \_\_\_\_\_

**Veterinarian (Name)** \_\_\_\_\_ **Veterinarian Phone Number** (    ) \_\_\_\_\_

**Veterinary Practice Address** \_\_\_\_\_

**I. HERD DESCRIPTION**

Total Horses Owned And Leased \_\_\_\_\_ Mares/Horses in Barn \_\_\_\_\_ Mares On-Line \_\_\_\_\_

Stallions/Owned and Leased \_\_\_\_\_ Weanlings \_\_\_\_\_ All Other Horses \_\_\_\_\_

Number of mares of each specific breed ( specify breeds)in barn (for interpretation of feed and water data) \_\_\_\_\_

**II. VACCINATION PROGRAM (FOR PERIOD MAR 1, 2013 TO FEB 28, 2014)**  
 (for multivalent vaccines, record in each applicable category e.g. Innovator WNV+EWT)

DISEASE	DETAILED NAME OF VACCINE	# TARGET ANIMALS	DATE GIVEN OR TO BE GIVEN
EEE/WEE/Tetanus			
West Nile Virus			
Equine Influenza			
EHV-1 Abortion			
Other Vaccines (Specify)			

**III. PARASITE CONTROL PROGRAM (FOR PERIOD MAR 1, 2013 TO FEB 28, 2014)**

HORSE CATEGORY	NAME OF PRODUCT USED	DATE GIVEN OR TO BE GIVEN	FECAL ASSAY (DATE) /RESULTS
Mares			
Other Outside Horses			
Stallions			
Weanlings			

**IV. REPRODUCTIVE HISTORY (owned mares)**

- i. Total Number Mares Bred \_\_\_\_\_ Number of Mares Pregnant \_\_\_\_\_  
 ii. Number of pregnancy losses since season start \_\_\_\_\_ Lab/post-mortem causes of losses \_\_\_\_\_

**V. TURNOUT PROGRAM:**

- i. **Frequency:** Biweekly  More often  (comment how often) \_\_\_\_\_  
 ii. **Duration:** 1 hr  Greater than 1 hr

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iii. Are turn-out facilities equipped with recommended space and shelter? If not, please comment. \_\_\_\_\_  
 \_\_\_\_\_

**VI. BIOSECURITY AND INFECTIOUS DISEASES CONTROL**

i. General security measures used	Pregnant mares are housed apart from weanlings, yearlings, horses in training	<input type="checkbox"/>	During foaling, mares are kept in small groups	<input type="checkbox"/>
	Vaccination of horses for diseases of high specific risk for this area	<input type="checkbox"/>	Feed/clean sick horses after doing chores for healthy resident horses	<input type="checkbox"/>
	Clean coveralls and plastic boot covers for visitors	<input type="checkbox"/>	Quarantine of sick or newly purchased horses	<input type="checkbox"/>
	Pre-purchase horse testing (see below)	<input type="checkbox"/>	Clean/disinfect facilities & trailers after use	<input type="checkbox"/>
	Visitor Log	<input type="checkbox"/>	Boot Dip	<input type="checkbox"/>

ii. Is an isolation/quarantine facility used to separate ill or new horses from resident horses? Yes/ No Specify what is used.  
 \_\_\_\_\_

iii. Testing Measures Used At or Before Horse Purchase or Sale (between Mar 1, 2013 and Feb 28, 2014)

**Equine Infectious Anemia (EIA)**      Number horses tested \_\_\_\_\_      Number horses positive \_\_\_\_\_

**Equine Viral Arteritis (EVA)**      Number stallions tested \_\_\_\_\_      Number stallions positive \_\_\_\_\_

**Other (specify) \_\_\_\_\_**      Number horses tested \_\_\_\_\_      Number horses positive \_\_\_\_\_

**VII. CLINICAL OR VETERINARY EVENTS OF ALL HORSES (MAR 1, 2013 TO FEB 28, 2014)**

System	Number of Horses Affected	Veterinary Diagnosis, Treatment & Outcome
Gastrointestinal (e.g. colic, diarrhea)		
Respiratory		
Integumentary (skin, wounds etc)		
Other (CNS, surgical, etc)		

i. Are medical records readily available? What type (computer/hard copy/calendar etc.) is used? \_\_\_\_\_  
 \_\_\_\_\_

ii. What identification (name, brand, microchip) is used for horses being treated medically? \_\_\_\_\_  
 \_\_\_\_\_

iii. Is proper storage, including a refrigerator, readily available to store medications and vaccines if required by manufacturer's recommendations?      Yes       No

**VIII. PHYSICAL EXAMINATION OF ON-LINE MARES**

i. Provide the average body condition score (Henneke 1- 9 system) of on-line mares: \_\_\_\_\_

List ID number/name of mares with body condition below 5: \_\_\_\_\_

ii. Is ocular and/or nasal discharge evident in any horses and what may be the cause? Yes  No  How many? \_\_\_\_\_  
 \_\_\_\_\_

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iii. Is mare hair coat **normal**  or is there **evidence of skin/hair problems** ? Diagnosis/cause? \_\_\_\_\_

iv. Average manure consistency of the mares in the barn is: a) Dry  b) Normal  c) Wet  d) Cow-Flop

List IDs of mares with abnormal manure consistency: \_\_\_\_\_

v. Percentage of on-line mares with moderate or severe leg edema \_\_\_\_\_ %

vi. Percentage of on-line mares with moderate or severe ventral (abdominal) edema \_\_\_\_\_ %

vii. Hoof condition of mares is: Normal  Needs trimming  List IDs of mares that require additional hoof care. \_\_\_\_\_

viii. List IDs of any on-line mares needing dental treatment. \_\_\_\_\_

ix. In your opinion, describe what changes you would recommend in mare management? \_\_\_\_\_

**IX. EQUIPMENT FIT**

i. In your opinion, list IDs of any mares who may benefit from changes to halters, lead shanks, or suspension harness. \_\_\_\_\_

**X. PHYSICAL FACILITIES AND BARN MANAGEMENT**

i. The air temperature in the barn is: a. Cool (<5°C) , b. Normal (5-10°C)  c. Warm (above 10°C)

ii. The lighting in the barn is: a. Dim  b. Normal  c. Bright

iii. Is the relative humidity in the barn appropriate? \_\_\_\_\_ If the barn is too humid, what, if anything, be done to improve the situation? \_\_\_\_\_

iv. Is the level of ventilation adequate to remove foul smells and gases (ammonia) and airborne dust? Yes  No

v. Is the barn free of birds and vermin? Yes  No

vi. In your opinion, is the amount of bedding acceptable? Yes  No

**XI. WATER Quality**

i. What is the average water intake by mares in the barn (*use rancher's water log book*) \_\_\_\_\_ gal/mare/day?

ii. Mares receive \_\_\_\_\_ # of waterings/day and have access to water for \_\_\_\_\_ minutes per watering.

iii. Are water bowls clean? \_\_\_\_\_

iv. In your opinion, do changes need to be made to water management for the mares? If yes, what? \_\_\_\_\_

**XII. FEED**

i. What weight (in pounds) and what type of hay and grain is given to each mare per day (give separate feeding rates for light, heavy or crossbred horses): \_\_\_\_\_

ii. List the amount and name of specific supplemental mineral, vitamin &/or protein sources fed to each mare daily.

Attachment 2

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iii. Has a ration formulation been performed?

Yes

No

iv. In your opinion, are changes needed in the feeding program? If yes, what? \_\_\_\_\_

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Attachment 2

**XIII. ADDITIONAL HORSES (If possible, see all horses, but if horses are not seen, ONLY fill number of horses, not other data)**

	Number	Body Condition Score*	Forage type	Grain & supplements	Water	Hooves	Shelter	Bedding
<b>Stallions</b>	_____	Avg. BCS _____  # horses less than BCS 5: _____	<input type="checkbox"/> Grass <input type="checkbox"/> Legume <input type="checkbox"/> Mix <input type="checkbox"/> Winter grazing	Grain <input type="checkbox"/> No <input type="checkbox"/> Yes (amount?) _____ (lb/day) <input type="checkbox"/> Salt <input type="checkbox"/> Mineral	<input type="checkbox"/> Well <input type="checkbox"/> Dugout <input type="checkbox"/> Natural (e.g. Spring) <input type="checkbox"/> Snow	<input type="checkbox"/> Normal <input type="checkbox"/> Need trimming	<input type="checkbox"/> Shed <input type="checkbox"/> Windbreak <input type="checkbox"/> Natural (trees/bluffs) <input type="checkbox"/> None	<input type="checkbox"/> None <input type="checkbox"/> Marginal <input type="checkbox"/> Adequate
Additional Comments								
<b>Mares Outside</b>	Open: _____  Pregnant:: _____	Avg. BCS _____  # horses less than BCS 5: _____	<input type="checkbox"/> Grass <input type="checkbox"/> Legume <input type="checkbox"/> Mix <input type="checkbox"/> Winter grazing	Grain <input type="checkbox"/> No <input type="checkbox"/> Yes (amount?) _____ (lb/day) <input type="checkbox"/> Salt <input type="checkbox"/> Mineral	<input type="checkbox"/> Well <input type="checkbox"/> Dugout <input type="checkbox"/> Natural (e.g. Spring) <input type="checkbox"/> Snow	<input type="checkbox"/> Normal <input type="checkbox"/> Need trimming	<input type="checkbox"/> Shed <input type="checkbox"/> Windbreak <input type="checkbox"/> Natural (trees/bluffs) <input type="checkbox"/> None	<input type="checkbox"/> None <input type="checkbox"/> Marginal <input type="checkbox"/> Adequate
Additional Comments								
<b>Yearlings</b>	_____	Avg. BCS _____  # young horses less than BCS 5: _____	<input type="checkbox"/> Grass <input type="checkbox"/> Legume <input type="checkbox"/> Mix <input type="checkbox"/> Winter grazing	Grain <input type="checkbox"/> No <input type="checkbox"/> Yes (amount?) _____ (lb/day) <input type="checkbox"/> Salt <input type="checkbox"/> Mineral	<input type="checkbox"/> Well <input type="checkbox"/> Dugout <input type="checkbox"/> Natural (e.g. Spring) <input type="checkbox"/> Snow	<input type="checkbox"/> Normal <input type="checkbox"/> Need trimming	<input type="checkbox"/> Shed <input type="checkbox"/> Windbreak <input type="checkbox"/> Natural (trees/bluffs) <input type="checkbox"/> None	<input type="checkbox"/> None <input type="checkbox"/> Marginal <input type="checkbox"/> Adequate
Additional Comments								
<b>Weanlings</b>	_____	Avg. BCS _____  # weanlings less than BCS 5: _____	<input type="checkbox"/> Grass <input type="checkbox"/> Legume <input type="checkbox"/> Mix <input type="checkbox"/> Winter grazing	Grain <input type="checkbox"/> No <input type="checkbox"/> Yes (amount?) _____ (lb/day) <input type="checkbox"/> Salt <input type="checkbox"/> Mineral	<input type="checkbox"/> Well <input type="checkbox"/> Dugout <input type="checkbox"/> Natural (e.g. Spring) <input type="checkbox"/> Snow	<input type="checkbox"/> Normal <input type="checkbox"/> Need trimming	<input type="checkbox"/> Shed <input type="checkbox"/> Windbreak <input type="checkbox"/> Natural (trees/bluffs) <input type="checkbox"/> None	<input type="checkbox"/> None <input type="checkbox"/> Marginal <input type="checkbox"/> Adequate
Additional Comments								
<b>All Other Horses</b> (includes 2 yr olds not counted above, and recreational horses)	_____	Avg. BCS _____  # horses less than BCS 5: _____	<input type="checkbox"/> Grass <input type="checkbox"/> Legume <input type="checkbox"/> Mix <input type="checkbox"/> Winter grazing	Grain <input type="checkbox"/> No <input type="checkbox"/> Yes (amount?) _____ (lb/day) <input type="checkbox"/> Salt <input type="checkbox"/> Mineral	<input type="checkbox"/> Well <input type="checkbox"/> Dugout <input type="checkbox"/> Natural (e.g. Spring) <input type="checkbox"/> Snow	<input type="checkbox"/> Normal <input type="checkbox"/> Need trimming	<input type="checkbox"/> Shed <input type="checkbox"/> Windbreak <input type="checkbox"/> Natural (trees/bluffs) <input type="checkbox"/> None	<input type="checkbox"/> None <input type="checkbox"/> Marginal <input type="checkbox"/> Adequate
Additional Comments								

**XIV. Comments**

In your opinion, describe changes, if any, needed in management of mares or any horses listed above?

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Attachment 2

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Signature Owner/Agent

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Signature of Veterinarian