

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.

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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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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
Stallions	_____	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								
Mares Outside	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								
Yearlings	_____	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								
Weanlings	_____	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								
All Other Horses (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?

Attachment 2

Signature Owner/Agent

Signature of Veterinarian