

**HERD HEALTH REVIEW OF EQUINE RANCHES**

**Review 1**

**Date** \_\_\_\_\_

*This Herd Health Review covers the period from March 1, 2021 – February 28, 2022*

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

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

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

**I. HORSES IN BARN (enter number of each)** *Do not include outside horses*

Pregnant Mares (on-line): \_\_\_\_\_ Stallions: \_\_\_\_\_

Pregnant Mares (spare): \_\_\_\_\_ Other (specify): \_\_\_\_\_

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

**II. TOTAL HORSES ON FARM:** *Section I above plus page 6 total*

**III. VACCINATION PROGRAM** *For period MAR 1, 2021 to FEB 28, 2022*  
*West Nile is required for all equids. Equine Influenza and EHV-1 are required for all pregnant mares*

HORSE CATEGORY	VACCINE	# TARGET ANIMALS	DATE(S) GIVEN OR TO BE GIVEN AND NAME OF VACCINE
Pregnant Mares	<input type="checkbox"/> EEE/WEE/Tetanus <input type="checkbox"/> West Nile		
	<input type="checkbox"/> Equine Influenza		
	<input type="checkbox"/> EHV-1		
	<input type="checkbox"/> Other Vaccines (Specify)		
Open Mares	<input type="checkbox"/> EEE/WEE/Tetanus <input type="checkbox"/> West Nile		
	<input type="checkbox"/> Equine Influenza		
	<input type="checkbox"/> Other Vaccines (Specify)		
Stallions	<input type="checkbox"/> EEE/WEE/Tetanus <input type="checkbox"/> West Nile		
	<input type="checkbox"/> Equine Influenza		
	<input type="checkbox"/> Other Vaccines (Specify)		
Yearlings (2020 foals)	<input type="checkbox"/> EEE/WEE/Tetanus <input type="checkbox"/> West Nile		
	<input type="checkbox"/> Equine Influenza		
	<input type="checkbox"/> Other Vaccines (Specify)		
Other horses (show, riding, etc)	<input type="checkbox"/> EEE/WEE/Tetanus <input type="checkbox"/> West Nile		
	<input type="checkbox"/> Equine Influenza		
	<input type="checkbox"/> Other Vaccines (Specify)		

**IV. PARASITE CONTROL PROGRAM** *For period MAR 1, 2021 to FEB 28, 2022*

HORSE CATEGORY	TIMING	NAME OF PRODUCT USED	DATE(S) GIVEN OR TO BE GIVEN	FECAL ASSAY COMPLETED?	Is Parasite Control Program Effective?
Mares	Spring			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Change required
	Fall			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stallions	Spring			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Change required
	Fall			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Weanlings (2021 Foals)	Spring			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Change required
	Fall			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Yearlings (2020 Foals)	Spring			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Change required
	Fall			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other horses (show, riding, etc)	Spring			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Change required
	Fall			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comment on any changes or recommendations related to the parasite control program:					

**V. REPRODUCTIVE HISTORY** *Section i relates to owned mares. Section ii includes any leased mares*

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

**VI. TURNOUT PROGRAM**

- i. **Frequency:**  Biweekly  More often (comment how often)  
 Individuals more as needed \_\_\_\_\_
- ii. **Duration:**  1 hr  Greater than 1 hr
- iii. Are turn-out facilities equipped with recommended space and shelter? If not, please comment. \_\_\_\_\_

## VII. BIOSECURITY AND INFECTIOUS DISEASE CONTROL

i. General biosecurity 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 program appropriate for the region	<input type="checkbox"/>	Feed/clean out new arrivals/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"/>
Disease Screening (see Sec. iii below)	<input type="checkbox"/>	Clean/disinfect facilities & trailers as needed	<input type="checkbox"/>
Visitor Log	<input type="checkbox"/>	Boot dip in use	<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 *(since last review)*

*EVA testing is required for new stallions. EIA (Coggins) testing is required for all new equids who will be residing on the premises and annually for high-risk horses (ie. those travelling to and from the ranch).*

<b>Equine Infectious Anemia (EIA)</b>	Number horses tested:		Number horses positive:	
<b>Equine Viral Arteritis (EVA)</b>	Number stallions tested:		Number stallions positive:	
<b>Other (specify):</b>	Number horses tested:		Number horses positive:	

## VIII. CLINICAL OR VETERINARY EVENTS OF ALL HORSES *(since last review)*

System	Number of Horses Affected	Veterinary Diagnosis, Treatment & Outcome
Inappetance or Lethargy		
Gastrointestinal <i>(e.g. colic, diarrhea)</i>		
Respiratory		
Integumentary <i>(e.g. skin, wounds)</i>		
Other <i>(e.g. eyes, CNS, surgical)</i>		

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

ii. What type of ID system (name, brand, microchip) is used to identify horses being treated medically? \_\_\_\_\_

iii. Is proper storage (including refrigerator) readily available to store medications and vaccines in accordance with manufacturer's recommendations?  Yes  No

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

- i. a) Provide the average body condition score (Henneke 1- 9 system) of on-line mares: \_\_\_\_\_
- b) List ID number/name of mares with body condition below 5: \_\_\_\_\_  
\_\_\_\_\_
- c) List ID number/name of mares with body condition more than 8: \_\_\_\_\_  
\_\_\_\_\_
- d) What corrective action is recommended for horses identified below 5 or more than 8? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- ii. Are horses free of ocular and/or nasal discharge?  Yes  No If not, how many horses are affected, and what may be the cause?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- iii. Are any horses exhibiting inappetance and/or lethargy today?  Yes  No  
Was temperature taken?  Yes  No If yes, record temperature \_\_\_\_\_  
Tentative Diagnosis: \_\_\_\_\_
  
- iv. Is mare hair coat  **normal** or is there  **evidence of skin/hair problems**? Diagnosis/cause? \_\_\_\_\_  
\_\_\_\_\_
  
- v. a) Average manure consistency of the mares in the barn is:  Dry  Normal  Wet  Cow-Flop
- b) List IDs of mares with abnormal manure consistency: \_\_\_\_\_
  
- vi. Percentage of on-line mares with moderate or severe leg edema \_\_\_\_\_ %
  
- vii. Percentage of on-line mares with moderate or severe ventral (abdominal) edema \_\_\_\_\_ %  
Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- viii. Hoof condition of mares is:  Normal  Needs trimming List IDs of mares that require additional hoof care.  
\_\_\_\_\_
  
- ix. List IDs of any on-line mares needing dental treatment: \_\_\_\_\_
  
- x. Describe any recommendations you would suggest to further improve mare management. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**X. EQUIPMENT FIT**

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

**XI. PHYSICAL FACILITIES AND BARN MANAGEMENT**

- i. The air temperature in the barn is:  Cool (<5°C)     Normal (5-10°C)     Warm (above 10°C)
- ii. The lighting in the barn is:     Dim     Normal     Bright
- iii. Is the relative humidity in the barn appropriate?     Yes     No    If the barn is too humid, what (if anything) could 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
- vii. How many box stalls are available for sick horses? \_\_\_\_\_

**XII. WATER**

- i. What is the average water intake by mares in the barn? (use rancher's water log book) \_\_\_\_\_ gal/mare/day
- ii.     Water is turned on continuously between the hours of \_\_\_\_\_ and \_\_\_\_\_ **OR**  
 Mares receive \_\_\_\_\_ # waterings per day and have access to water for \_\_\_\_\_ minutes per watering.
- iii. Are water bowls clean?     Yes     No
- iv. In your opinion, do changes need to be made to water management for the mares? If so, what? \_\_\_\_\_

**XIII. FEED**

- i. What type(s) and amounts (in pounds) of hay and grain are provided to each mare daily? Please provide separate feeding rates for light, heavy and crossbred horses: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- ii. List the name and amount of specific mineral, salt, vitamin &/or protein supplements fed to each mare daily.  
\_\_\_\_\_
- \_\_\_\_\_
- iv. In your opinion, are changes needed in the feeding program? If so, what? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**XIV. COMMENTS**

In your opinion describe any changes needed in the management of the mares or horses listed on the next page

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**XV. HORSES OUTSIDE PMU BARN** *If possible, see all horses. For any horses not seen, ONLY fill in horse numbers, not other data.*

	Number	Body Condition Score	Forage type	Grain & supplements	Water	Hooves	Shelter	Bedding
<b>Stallions</b>	_____	Avg. BCS ____ # horses <BCS 5 ____ # horses >BCS 8 ____	<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
	Comments:							
<b>Yearling &amp; 2yo Fillies</b>	Yearlings (2020): _____	Avg. BCS ____ # horses <BCS 5 ____ # horses >BCS 8 ____	<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
	2 yr. olds (2019): _____							
Comments:								
<b>Mares Outside</b> (note in comments if any 2019 fillies are included with outside mares)	Open: _____	Avg. BCS ____ # horses <BCS 5 ____ # horses >BCS 8 ____	<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
	Pregnant: _____							
Comments:								
<b>2021 Foals</b>	_____	Avg. BCS ____ # horses <BCS 5 ____ # horses >BCS 8 ____	<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
Comments:								
<b>All Other Horses</b> (yearling males, recreation and show horses)	_____	Avg. BCS ____ # horses <BCS 5 ____ # horses >BCS 8 ____	<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
Comments:								

Signature Owner/Agent

Signature of Veterinarian