

Virginia Equine PLLC

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Equine Preventative Health Care

Prepared for the clients of Virginia Equine, PLLC

Whether you have a show ring champion or a trusty trail horse, we want the very best health care for your horse. Just as people benefit from preventative medicine, so do horses. An equine preventative health care program should include vaccinations, parasite control, physical and dental exams, sheath cleaning for geldings and stallions, and yearly Coggins tests. Annual or more frequent blood tests may also be in order for the geriatric or special needs horse. Physical examinations and a simple blood test are recommended shortly after foaling in order to ensure the health of both mare and foal. In addition, clean water, good quality feed, adequate shelter, exercise, grooming, and hoof care are invaluable to the health of your horse.

Adult Routine Vaccination Schedule

Influenza: Equine Influenza (“Flu”) is a highly infectious airborne respiratory virus that affects horses worldwide. In order to generate an immune response that is protective against currently circulating strains of the equine influenza virus, it is important to vaccinate with the newest or most improved vaccination formulation. Medical advancements have provided a new highly effective intranasal delivery system, and this vaccination can markedly reduce the severity of disease and decrease the spread of infection. Spring and fall boosters are recommended, and performance horses may need to be boosted more frequently.

Rhinopneumonitis: Rhinopneumonitis (“Rhino”) is a respiratory disease caused by the Equine Herpes Virus-4, and to a lesser extent, EHV-1 strains. Other strains of the herpes virus may cause abortion in mares, as well as neurologic disease. To date, none of the rhino vaccinations effectively protect against the neurological manifestations of diseases. Spring and fall boosters are recommended.

Eastern and Western Encephalitis: Eastern and Western Encephalitis (“Sleeping Sickness”) are neurological diseases caused by viruses that are transmitted by flying insects, mainly mosquitoes. Both are potentially fatal to horses. These vaccinations should be administered in the spring before insect season, and boosted again in the fall.

Tetanus: Tetanus is a potentially fatal neurological disease caused by *Clostridium tetani*, an organism that lives in the soil. This vaccination provides very effective and inexpensive protection against a devastating disease. A yearly booster is recommended, with additional doses administered following lacerations or other wounds and certain surgeries.

Rabies: Rabies is a fatal neurological disease caused by a virus that has the ability to infect any warm-blooded animal. Cases of equine rabies have been transmitted to humans handling the infected horse, therefore it is a very important disease to prevent. This vaccination should be administered yearly.

Potomac Horse Fever: Equine Monocytic Ehrlichiosis, or Potomac Horse Fever, is a disease caused by a rickettsial organism that infects white blood cells and other cells in the body. The disease is characterized by severe colitis and diarrhea, with laminitis as a frequent sequela. Mode of transmission is unknown at this time, but arthropods (i.e. insects) and helminthes (i.e. parasitic worms) are believed to be involved. Spring and fall boosters are recommended.

West Nile Virus: A potentially fatal neurological disease, “West Nile” is caused by a virus that is transmitted to the horse by mosquitoes. Infected birds serve as the reservoir of the virus, and mosquitoes become carriers of the virus when they feed on an infected bird. This vaccination should be administered in the spring before mosquito season, and boosted again in the fall.

Foal Vaccination Schedule

Foals should be administered their first set of the above recommended vaccinations at 5 months of age. A second “booster” set should be administered 4 weeks later.

Broodmare Vaccination Schedule

In order to prevent abortion caused by the Equine Herpes Virus, pregnant mares should be vaccinated with a killed strain of EHV-1 at 3, 5, 7, and 9 months of gestation. Fall vaccinations should be administered according to the adult vaccination schedule above. Four to six weeks prior to foaling, the entire set of recommended adult vaccinations (with the exception of the intranasal strangles) should be administered.

Optional Vaccinations

Strangles: Strangles is characterized primarily by submandibular and retropharyngeal lymph node abscessation and respiratory disease, and is caused by inhalation or ingestion of the bacteria *Streptococcus equi*. An intranasal vaccination is available, and yearly or twice yearly boosters may be recommended by your veterinarian. The decision to use this vaccination depends on various factors that affect the likelihood of your horse being exposed to *Streptococcus equi*.

Vaccinations for diseases such as **Botulism, Rotavirus, and Equine Protozoal Myelitis (EPM)** may be discussed with your veterinarian.

Internal Parasite Control

Internal parasites of horses, or “worms,” may be a significant contributing factor to an increased incidence of colic, diarrhea, weight loss, and general unthriftiness. Deworming products should be rotated in the manner described below, as some parasites are not controlled by certain drugs. In addition, some parasite life cycles require that particular dewormers be given at certain times of year in order to be most effective.

Adult Parasite Control Schedule

January/February: Single Dose Ivermectin (Zimectrin, Equimectrin, etc.)

A single dose of an ivermectin product is recommended to eliminate stomach bots, adult and some larval stages of large and small strongyles, pinworms, ascarids, hairworms, stomach worms, lung worms, intestinal threadworms, and the parasites associated with summer sores and some types of dermatitis.

March/April: Single Dose Ivermectin/Praziquantel (Zimectrin Gold, Equimax)

Praziquantel is the only drug currently licensed in the United States for the treatment of tapeworms in horses. Tapeworms have been discovered to be an important contributing factor to some types of colic. (A double dose of pyrantel pamoate (Strongid) also effectively eliminates tapeworms in horses, however it does not have the additional benefits that the ivermectin offers in combination with the praziquantel.)

May/June: Single Dose Ivermectin

July/August: Single Dose Ivermectin

September/October: Single Dose of Moxidectin (Quest)

or

Double Dose Fenbendazole Once Daily for 5 Days (“Panacur Power Pac”)

Quest (Moxidectin) eliminates all but one larval stage of the small strongyle parasites. These larvae travel throughout the body, then burrow into and encase themselves in the intestinal wall, causing intestinal inflammation and predisposing a horse to colic, diarrhea, or unthriftiness. Quest also eliminates adult large and small strongyles, pinworms, hairworms, stomach worms, and stomach bots. It is believed that its efficacy against roundworms may not be good. **The safety margin of this drug is narrow, therefore it is very important to dose according to accurate body weight. This drug is not recommended for foals less than 5 months of age.**

The “Panacur Power Pac” eliminates all larval stages of the small strongyle parasites. This treatment also eliminates the larval stage of a large strongyle parasite that locates itself within the greater mesenteric artery, often causing severe forms of colic. Fenbendazole is also effective against most adult small strongyles, pinworms, and roundworms. In some instances, your veterinarian may recommend the administration of the “Panacur Power Pac” instead of Quest.

November/December: Single Dose Ivermectin/Praziquantel

Broodmare Parasite Control Schedule

Broodmares should be dewormed according to the adult schedule, with one exception: Administer an ivermectin product within 24 hours post foaling in order to prevent the transmission of strongyloides to the foal through the milk.

Foal Parasite Control Schedule

Foals should be dewormed every 30 days, beginning at one month of age until one year of age. After one year of age, foals may be placed on the adult schedule. All doses should be administered according to body weight.

One Month: Fenbendazole (Panacur, Safeguard, etc.)

Two Month: Ivermectin

Three Month: Pyrantel Pamoate (Strongid, Rotation 2, Exodus, etc.)

Four Month: Fenbendazole

Five Month: Ivermectin

Six Month: Pyrantel Pamoate

Seven Month: Fenbendazole

Eight Month: Ivermectin/Praziquantel (Zimectrin Gold, Equimax, etc.)

Nine Month: Pyrantel Pamoate

Ten Month: Fenbendazole

Eleven Month: Ivermectin

Twelve Month: Pyrantel Pamoate

Dental Care

Horse's teeth continue to grow throughout their life, and the horse's cyclic chewing motion results in the formation of sharp edges, or "points," on the teeth. These sharp points may cause uncomfortable lacerations or ulcerations on the horse's cheeks or tongue, leading to decreased feed efficiency and biting problems. Horses with poor mouth conformation or an unbalanced mouth may quickly develop very severe sharp points. A yearly examination is recommended so uneven wear and points may be corrected by "floating," or filing, the teeth before serious mouth problems occur. Some horses require the removal of "caps," or baby teeth, wolf teeth, and filing of canines. Performance horses should be checked twice yearly and often benefit from the frequent removal of "caudal hooks" which form on the last lower molar and the placement of "bit seats." A dental examination and floating should be performed on any horse by the age of two years, or before they are placed in a training program.

Sheath Cleaning

The penis and sheath may be overlooked as a common location for the development of certain types of cancer and other illnesses. A thorough examination and cleaning of the sheath and penis of geldings and stallions should be performed yearly. Often tranquilization is needed to completely examine the sheath, penis, urethra, and remove the "bean" and excess accumulation of smegma. This cleaning may be conveniently performed while the horse is sedated for dentistry.

Blood Tests

A yearly Complete Blood Count (CBC) may be performed as a general measure of health. Geriatric or special needs horses may benefit from a yearly Chemistry Panel to monitor organs, such as the liver or kidneys, for disease or dysfunction. Blood immunoglobulin levels should be checked in foals by 12 hours of age to ensure adequate transfer of colostral immunoglobulins.

Please feel free to contact us with any questions or concerns

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