



# Center for Equine Health

## VETERINARY CARE

Clinical Veterinarian: Veterinary Medical Teaching Hospital

### **CEH OWNED HORSES:**

**General Herd:** Any horse that is found injured or ill is examined by CEH personnel and a determination is made as to the severity of the injury or illness. If anything other than minor first aid is required, the VMTH Field Service Veterinarians are contacted to examine and treat the horse. Follow-up treatment is provided by the CEH staff, according to the treatment orders given by the Field Service Vets. Rechecks are scheduled according to the recommendations given by Field Service or as deemed necessary by CEH staff.

**Research Project Horses:** If a horse assigned to an active research project is found injured or ill, any necessary emergency first aid will be administered by the CEH staff or VMTH Field Services upon their arrival. CEH staff will contact the principal investigator (P.I.) to advise of the problem and treatment necessary. If no emergency treatment is necessary, CEH staff will contact the P.I. to advise of the problem and allow the P.I. to either treat the horse themselves or have Field Services treat the animal. If the illness or injury is a result of the project, the charges are the responsibility of that investigator.

### **CLIENT HORSES:**

Any horse that is found injured or ill is examined by the CEH personnel. A determination will be made as to the severity of the injury or illness and whether emergency first aid is required. VMTH Field Services will be called immediately and the client will be contacted to be advised of the injury or illness and to make further decisions regarding the care and treatment of the horse. If the injury or illness is not an emergency, CEH staff will attempt to contact the owner for instructions. If this attempt is unsuccessful, CEH will contact the VMTH for evaluation.

### **TREATMENT OF INJURED/ILL HORSES:**

#### **Leg Injury:**

- **Mild Scrape** (no exposed muscle seen): Clean wound with betadine scrub and dry 4x4 gauze. Apply Nitrofurazone to wound and place a dry 4x4 over wound. Wrap with kling gauze. Wrap over kling gauze with vet wrap if wound is below the knee/hock. Wrap with elasticon if wound is above knee/hock. If proud flesh develops use Panalog in lieu of

Nitrofurazone. Check vaccination record. Give 1500 units tetanus antitoxin (Ft. Dodge, intramuscularly) if not current.

- **Severe Scrape** (muscle is exposed): Clean wound with betadine and remove any adjacent hair with razor or clippers. Check vaccination record. Give 1500 units tetanus antitoxin (Ft. Dodge, intramuscularly) if not current. Contact VMTH Field Services for treatment.
- **Mild Laceration** (no tendons, ligaments, joint, or major blood vessels involved): Clean wound with betadine scrub and remove any adjacent hair with razor or clippers. Call VMTH Field Services for suturing. Once sutured, place appropriate topical agent (Field Service will prescribe) over sutured tissue. Cover sutured tissue with 4x4 gauze. Wrap with kling gauze. Wrap over kling gauze with vet wrap if wound is below the knee/hock. Wrap with elasticon if wound is above the knee/hock. Check vaccination record. Administer 1500 units of tetanus antitoxin (Ft. Dodge, intramuscularly) if not current.
- **Severe Laceration** (major blood vessels, tendons, ligament, or joint involved, or deeper than ½ inch): Clean wound with betadine scrub and remove any adjacent hair with a razor or clippers. Contact VMTH Field Services. Check vaccination record. Administer 1500 units of tetanus antitoxin (Ft. Dodge, intramuscularly) if not current.
- **Puncture Wound:** Contact Field Services for treatment. They will need to come out and probe the wound to find the track and what areas are involved and potentially damaged. They will also ensure no foreign objects are present.
- **Hoof Abscess:** If needed, pare out sole of affected hoof until pocket of infection is reached. Remove all visible infection with dry 4x4 gauze. Pack hoof with Ichthammol 20% ointment. Wrap with brown gauze. Place duct tape or an easy boot around hoof. Place horse inside in a bedded stall. Administer one tab Bute orally. Remove wrap in two days and repack hoof with Ichthammol 20%. Re-wrap with brown gauze and duct tape or easy boot. Remove wrap in two days and re-wrap hoof with brown gauze and duct tape until hoof grows out and lameness is absent.
- **Thrush:** Clean out hoof with hoof pick. Apply Koppertox daily until thrush is no longer present. If resection of hoof material required, call VMTH Field Services.
- **Swollen Leg:** If horse has a swollen, hot, puffy leg with no other visible signs of trauma, hydro the leg with cold water for 20 minutes and apply a support wrap. Add horse to the treatment sheet to monitor. If condition

worsens, call VMTH Field Services. If condition does not clear or show signs of progress within 2 days, call VMTH Field Services.

- **Lame:** If horse is slightly lame or off but has no obvious bumps, bruises or lacerations, put horse in stall and add to the treatment sheet indicating the horse should be checked and monitored for soundness. (Often a couples days rest will clear up minor problems).
- **Hives:** Give horse a betadine bath using the pressure washer in building T-5. Dilute the betadine with lukewarm water to a light tea colored substance. Spray horse with pressure washer. Add horse to the treatment sheet to monitor. If horse shows any signs of distress, any other systemic signs, or does not clear in two days, contact VMTH Field Services.

### **Respiratory:**

- **Nasal Discharge:** If horse is exhibiting a “snotty nose” check TPR. If everything is normal, add horse to treatment sheet and monitor. If discharge has not cleared up within 2 days or has worsened in any way, contact VMTH Field Services. If elevated temperature is present, call VMTH Field Services right away.

### **Colic:**

At any sign of colic, check vital signs on horse. Observe mucus membranes and feces. Call VMTH Field Services to examine horse. Horse may be hand walked and a jugular catheter may be placed for fluid administration. Do not administer any Banamine until the horse has been examined by Field Services.

- **Mild Intestinal Discomfort:** Take vital signs on horse. Observe mucus membranes and feces for consistency. Administer 250 mg Banamine (intravenously) and place in a stall for observation. If discomfort persists or worsens, place a jugular catheter and begin administering 5 liters of lactated ringers. Hand walk horse for 25 minutes after fluid is administered and re-evaluate.
- **Spasmodic Colic:** Take vital signs on horse (TPR). Observe mucus membranes. Contact VMTH Field Service. Begin hand walking horse until Field Services arrives.
- **Impaction Colic:** Take vital signs on horse (TPR). Observe mucus membranes for dehydration or shock. Administer 250 mg Banamine (intravenously) for mild discomfort. Administer 500 mg Banamine (intravenously) for severe discomfort. Field Services will place nasogastric tube and administer mineral oil into tube. Place jugular catheter

and administer 5 liters of lactated ringers. Hand walk horse until feces is passed. If feces is not passed within 6 hours, Field Service will re-tube horse and administer mineral oil and 5 liters of lactated ringers. Do not administer more than one gallon of mineral oil over 12 hours. If horse has not passed feces within 24 hours, contact VMTH Field Services.

- **Twisted Gut:** Contact VMTH Field Services immediately. Take vital signs (TPR) and capillary refill on horse. Observe mucus membranes.

## **ROUTINE HEALTH CARE:**

### **Vaccinations:**

- **Stallions, Geldings and Non-gestating Mares:**  
Vaccinate 3-way (intramuscularly) in May.  
Vaccinate for Flu (intranasal) in March and September.
- **Test Mares:**  
Vaccinate with 3-way (intramuscularly) in May.  
Vaccinate for Flu (intranasal) in March and September.  
Vaccinate for EVA (intramuscularly) 1 time per year. Schedules vary, depending on CEM schedule and when mare is not in use for 3-4 weeks.
- **Gestating Mares:**  
Vaccinate for Rhinopneumonitis (Ft. Dodge Pneumabort-K + 1b intramuscularly) in month 5, 7 and 9 of gestation.  
Vaccinate with 3-way (intramuscularly) in second trimester.  
Vaccinate for Flu (intranasal) in second or third trimester.  
Vaccinate for WNV in month 10 of gestation and deworm with ivermectin paste.
- **Yearlings:** Vaccinated once yearly or according to Dr. Wilson's research project.
- **Weanlings:** Vaccinated once yearly or according to Dr. Wilson's research project.
- **Client Horses:**  
All client mares are required to have been dewormed within 6 weeks of arrival.  
Must be current on their vaccinations for WNV and Encephalomyelitis.  
Coggins must be current (within 6 months).

## Hoof Care

- **Weanlings** – trimming begins at 5 months of age (by a private farrier) if no severe conformational abnormalities are present. Weanlings are then trimmed every 8 weeks until sold.
- **Yearlings** - trimmed every eight weeks by a private farrier. No shoes are placed on yearlings.
- **Broodmares & Stallions** – broodmares and stallions are trimmed every 8 weeks by a private farrier or by the VMTH farrier.
  - o **Any corrective shoeing or exception** (i.e. hoof abscesses, pedal osteitis) performed by private farrier or VMTH farrier every 8 weeks as necessary.
- **General Herd (mares and geldings)** – trimmed every 8 weeks by the Pacific Coast Horse Shoeing school.

## Castration

- Colts are castrated at approximately 6-9 months of age by the VMTH Field Service students with a resident veterinarian.
  - o Colts are sedated by VMTH Field Services and laid down on the grass to perform surgery.
  - o Colts are then kept on stall rest for 14 days with hand walking for 15 minutes each day and hydro-therapy for 10 minutes each day.

## Worming

- Twice yearly with Ivermectin paste.