



MENDOCINO EQUINE PRACTICE

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Preventative Medicine Program for Horses

Vaccinations:

Tetanus: **Foals** should have a tetanus antitoxin vaccination at birth if there is no history of mare vaccination (do not give tetanus antitoxin to adult horses under any circumstances). The first tetanus toxoid is given at 4-6 months of age (part of "3-way") and the second is given one month later. **Foaling Mares** should get a tetanus booster (part of "4-way") one month prior to the expected foaling date to ensure adequate levels of antibody for the newborn foal. **Mature Horses** should have yearly boosters. If the horse has not been previously vaccinated, it should have two injections one month apart, and then yearly boosters.

Equine Influenza ("Flu"): **Foals** should have vaccinations at 7 and 8 months of age. **Foaling mares** should get a tetanus booster one month prior to foaling. **Race/Show Horses** should get a flu booster 2 weeks or so before the expected period of peak exposure since immunity from vaccination is relatively short-lived (2-3 months at the most). The new intranasal flu vaccine provides much better protection than the IM vaccine.

Encephalomyelitis (Venezuelan, Eastern, Western): **Foals** get WEE and EEE vaccination along with tetanus at 4-7 months of age (part of 3-way). **Mature Horses** get a yearly booster. VEE is currently not found in the U.S., but every horse should have a VEE vaccination once in its life so as to be able to be easily boosted if there is an outbreak.

Rhinopneumonitis: **Foals** can have their first vaccination at 7 months and a booster at 8 months. **Foaling Mares** should be vaccinated at 5, 7, and 9 months of gestation to prevent viral abortion. **Mature Horses:** Not recommended as a routine vaccination.

Rabies: **Foals** get a single injection at 4-6 months of age. **Mature Horses** get yearly boosters. Every other year might be OK for older horses.

Strangles: Optional vaccination for most horses. Recommended in the face of an outbreak or when an animal is being transported to a stable or farm with a known problem.

West Nile Virus: **Foals:** a single dose of Prevenile is given at 4-6 months of age. No booster is necessary. **Adult Horses:** a single dose of Prevenile provides a year of protection. No booster is necessary.

Potomac Horse Fever: Not worth doing in our area.

Parasite Control

Worming requirements vary greatly with different situations. Pastured horses need more frequent de-worming and stalled horses which eat out of feeders require less frequent de-worming. A fecal parasite exam is a helpful starting point for a parasite control program. Currently we are recommending a long rotation program using one specific wormer for the entire season, with a dose of Ivermectin after the first killing frost to kill bots. The next year switch to another wormer,

reserving Ivermectin for Fall use. Tape worms are not killed by Ivermectin or standard doses of other wormers, but are killed by a wormer containing praziquantel (Equimax) or a double dose of Strongid.

Dentistry:

Horses which cannot maintain weight on a good diet or are “quidding” (showing evidence of difficulty chewing) should have their teeth checked for problems. All horses older than 10 years of age should have yearly exams.