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The Horse Guide

INTRODUCTION

I have written this outline in an attempt to acquaint you with some of the important aspects of caring for a horse. It is by no means exhaustive therefore should not be counted on to encompass all aspects of proper horse care. Should you have questions regarding more in depth care of the horse please contact me at topdoc@uahzoo.com and I will be happy to talk with you.

NUTRITION

A. A good maintenance ration requires 1 pound of feed per 100 pounds of animal weight, for example, a 1000 pound animal would require 10 pounds of feed in his daily ration.

B. An animal in thin condition may require 2 to 2 1/2 pounds (increasing gradually) of feed per 100 pounds of body weight until he gets in condition, then he may be reduced to the maintenance level.

C. An animal during the breeding season, gestation or lactation will require up to the higher amounts.

D. Feeding should be divided into a twice daily schedule.

E. Feeding and feeds should be constant. This means the same time each day, the same amount and the same brand of feed.

F. Feeds may be either sweet feed and hay or pelleted. When the pasture is good the hay may be deleted. When feeding pelleted feed, insure that it is one that does not require hay fed with it or if it is a low fiber pellet, feed hay liberally in the ration. I recommend fiber content of greater than 12%.

G. Good hay or fertilized pasture will satisfy 1/2 of the daily requirements of feed intake.

H. Foals should be put on feed as soon as they will eat but not overfed. They should be fed twice daily just like the mare. Foals should be weaned at 4 to 5 months.

I. Mares that have just been weaned should have their feed intake reduced by 1/2 for 10 to 14 days after weaning to allow the udder to dry up.

J. The best method of feeding a horse to gain weight is to use sweet feed and steam rolle oats or pelletted feed of approximately 12% fiber and steam rolled oats. After the horse has gained its weight back, then the oats may be deleted.

K. Fresh water must be available to all horses all the time.

PARASITES

A. Common Parasites

1. Bots - slug like worms that live in the stomach lining causing pain and possible ulcers.

2. Strongyles - large stomach and intestinal worms that suck blood from the intestinal lining and cause arterial blockage in the blood vessels that supply the intestines.

3. Roundworms - large white worms that cause great difficulty in foals by causing blockages in the intestines and bouts of colic.

4. Pin Worms - small worms that cause itching of the tailhead.

B. Damage done by worms

1. Aneurysms - this is a ballooning effect of the main artery that leads to sloughing of pieces of the inside of the artery, causing colic.

2. Colic - worms cause colic by intestinal interruption of blood supply, blockage of the gut and multiple site sucking of blood from the animal.

3. Ulcers - the bot is the villian in this case causing erosion of the inner lining of the stomach.

4. Anemia - many of the worms derive their food from the blood of the horse.

5. Poor feed conversion "Poor Doer" - when an animal has worms, you are feeding the animal and the worms. Get rid of the worms and cut your feed bill.

6. Death - this can happen from untreated cases of worms, the blockage of the blood supply or colic; all leading to shock and death.

C. Treatment of Worms

1. Worm every 4 weeks for foals up to 12 months old, then every 2-3 months.

2. Feed wormers are good if the animal eats all of it, and right away.

3. Syringe paste wormers are OK but must watch for the horse spitting part of it out.

4. Alternate your feed and paste wormers so as not to use the same one all the time and develop resistant worms.

5. Only wormers containing ivermectin will kill bots.

6. Don’t use ivermectin (Eqvalan and Zemectrin) constantly, because regardless of manufacturers claim there will develop resistant worms.

VACCINATIONS

A. Essential Vaccinations

1. Venzuelan, eastern, and western encephalitis.

2. Tetanus

3. Recommended vaccination schedule

a. At birth - Tetanus Antitoxin (an alternate to this is to vaccinate the mare with toxoid 30 days prior to foaling).

b. 2 months - Venzuelan, eastern, western and tetanus (VEWT).

c. 3 months - VEWT

d. 4 months - VEWT

e. 6 months - VEWT

f. Every 6 months - VEWT

B. Recommended Vaccinations

1. Strangles - this problem is ever increasing therefore if you are to be in a breeding situation or you are showing in a high population show this vaccination is recommended. This vaccine requires 2 shots, two weeks apart to obtain protection and it must be bolstered annually.

2. Rhinopneumonitis - this disease has two effects, 1) it is an upper respiratory disease characterized by cough and high temperature, 2) an abortion disease in pregnant mares. Therefore if a horse is to be shown or is to be bred this vaccination is recommended at least every 6 months for the respiratory disease and at 5, 7 and 9 months of pregnancy for mares in foal.

3. Flu Vaccine - influenza is very explosive but difficult to protect against. The recommended schedule is 2 and 4 weeks prior to a show or sale. This vaccine only protects for 2 to 4 months.

4. Potomac Horse Fever - this is a new vaccine that is recommended when horses are traveling to shows or events where large numbers of horses congregate or in the Daytona or Tampa areas where known positive cases exist.

5. Rabies - with the increased prevalence of raccoons in our environment, these wild animals are coming closer and closer to our barns and homes. Therefore, I would recommend this additional vaccination just for cheap insurance for you and your horse.

EQUINE INFECTIOUS ANEMIA

A. This is a disease that has no vaccination or treatment. It causes a severe blood loss that causes the animal to waste away and die. Other horses may contract the virus but only be carriers. Therefore, a horse should be tested annually by means of a blood test to determine if he has the disease.

B. It is also known as "swamp fever" and "coggins test".

FOOT CARE

A. Routine care by owner

1. Feet should be cleaned by hoof pick regularly.

2. A recommended medication (iodine or Keratec) should be used if there is a sign of thrush (a wet smelly condition of the bottom of the feet).

B. Feet should be trimmed every 4 to 6 weeks.

C. Shoes should be applied if extensive use, or use on hard surfaces is anticipated.

D. Shoes and pads may be applied to prevent bruising from stones or roots.

DENTAL CARE

A. A horses teeth wear at an angle which produces sharp points on the outside top and inside bottom teeth.

B. Teeth should be examined and floated (filed down) if necessary every 6 months or when eating or bitting becomes a problem.

C. Wolf teeth should be removed as soon as they appear to prevent a bitting problem.

D. Caps are baby teeth that are being replaced by permanent teeth and not broken teeth or teeth that are "falling out".

E. Older horses that have not had good dental care can have severe teeth problems and may require general anesthesia to allow proper realignment of surfaces.

COAT CARE

A. Brush regularly, preferably daily - this is one of the best things you can do for your horse.

B. Bathe as necessary.

1. Don't overbathe or it will remove natural oils from the coat and become dull.

C. Feed additives

1. If you are feeding a complete feed, you probably don't need extra supplements but most horsemen like to do it.

2. Choose just one of several available and try not to mix 2 or 3 to get that "extra bloom".

D. Insect control

1. A horse is bothered with these little pests just as we are, so make him comfortable.

2. Use spray on your horse, his stall and around the tack and grooming area.

3. Both spray and wipe on compounds are available.

4. A new spray called Duo-cide LA has a fatty acid base and will last for 3-4 days.

E. Fungal infections

1. This type of problem is characterized by hair loss on the face, chest, abdomen and tail head. A common accompanying feature is itching of these same areas.

2. For cases without itching use iodine baths or creams.

3. For cases that have itching and possibly skin erosions, a veterinarians examination and treatment is required.

F. Skin parasites

1. Most common parasites

a. Ticks

b. Fleas

c. Lice

d. Insects

2. Fortunately ticks and fleas cause a minimum amount of problems. Yet some ticks will bite a horse with a resulting large swelling that continues until the tick is removed.

3. Should your horse have a flaky skin with hair loss, consult a veterinarian for proper diagnosis and treatment.

4. Your horse may also become hypersensitive to the bite of some insects causing intense itching and possibly bumps on the skin.

SAND CONTROL

A. A horse in Florida will consume sand under these circumstances.

1. When pasture is short.

2. When the horse is fed out of a container at ground level, when hay is fed on the ground or when licking feed spilt on the ground while eating.

3. Habit due to inadequate ration or shear boredom.

B. To prevent sand from causing colics, blockages of the intestinal tract and diarrhea; mineral oil, bran or metamucil must be used on a scheduled basis.

1. The quanity of oil recommended is 1/2 gallon per 1000 pound horse. Mineral oil should be administered at 2 to 3 week intervals depending on the prevalence of sand and the horses habit of consuming sand.

2. Bran should be at the rate of from 2 to 4 pounds dry weight and mixed in warm water to form a mush. Bran must be administered more frequently, that is, 2 to 3 times weekly.

3. The metamucil method requires 2 cups per adult horse mixed in the feed 2-3 times weekly.

LAMINITIS IN HORSES

This condition, also known as founder, has affected horses for hundred of years, yet in recent years we are beginning to uncover the mechanics, physiology and best treatment of this condition.

Laminitis is defined as the inflammation of the juncture of the hoof wall lamina and the bone lamina, in other words the attachment of the bone to the hoof. As this condition sets in the horse experiences some degree of pain, from minor to severe. If the condition continues unabated, the hoof begins to separate form the bone due to secretion of enzymes that cause the membrane that holds the hoof and bone together to literally dissolve. Untreated cases can then progress to penetration of the coffin bone,(the bone in the foot), thru the bottom of the foot.

What will cause the activation of such a devastating phenomena could only be contained in a long and growing list. A few of the most common are, large consumption of feed at one time, heavy grazing on a new succulent pasture, some medications, severe colic, stresses of general surgery, hard riding in hot weather, severe dehydration, to name only a few. Just how each of these ignite this response, still have many research investigations continuing at several universities.

Treatment can be very challenging as the main goal is to support the foot, prevent distortion of blood supply and provide pain control. Support is achieved by applying mechanical devices to the foot to provide sole pressure without invading the point of toe breakover. A cushioning compound is placed between the sole and the device to not only provide support but comfort for the horse. Additional assistance for the patient is to allow soft terrain to walk on for more comfort. Pain medication is given when needed.

Continuing treatment involves x-rays to determine the position of the coffin bone in the foot. If any changes are noted, the angle of the bone must be adjusted to provide a proper growth pattern and comfort for the patient. As the foot becomes more stable changes are made in the position and type of support devices that need to be used.

Because this is a long process, treatments may require as long as 6 months to a year to return the patient to normal or to a usable condition. Some of these cases require time and labor intensive care; others require a substantial dollar investment.

Although laminitis can be managed in many cases and reap a desirable response, others are not that lucky. Early detection and care result in the best result and usually shortest treatment.

MISCELLANEOUS

A. Exercise should be made available whether by riding or enough room available to allow the horse to exercise himself.

B. Shade must be available whether natural or man-made.

C. This outline is only a guide, therefore if further information is desired please contact us.