

# HERD HEALTH PLAN REVIEW FORM

Corresponds with Requirements 2.0, 2.1, 2.3, 2.5, 2.6, 2.7, and 2.8

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Facility Owner Name:		
Facility Address:		
City:	Province:	Postal Code:
Contact Information:		
Phone:	Email:	
<b>Attending Veterinarian Name:</b>		
Clinic/Business Name:		
Clinic/Business Address:		
City:	Province:	<b>Postal Code:</b>
Contact Information:		
Phone:	Email:	
I hereby certify that I, the Attend herd health plan and deem the p		
Facility Owner Signature:		Date:
Attending Veterinarian Signatu	ıre:	Date:
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### Parasite Control Protocol

 $\square$  Other, please specify:

1 arab		
FACIL	ITY OWNER NAME:	DATE:
What type of routine control methods are utilized for parasites? (please check all that apply) If a method is used, please also indicate how often.		<u>-</u>
	Oral paste dewormer  O Annually  Seasonally (i.e. Spring/Fall, Summer/V  Monthly  Weekly  Daily	Vinter)
	Fecal egg counts  O Annually  O Seasonally (i.e. Spring/Fall, Summer/V  O Monthly  O Weekly  O Daily	Vinter)
	Fecal examinations  O Annually  O Seasonally (i.e. Spring/Fall, Summer/V  O Monthly  O Weekly  O Daily	Vinter)
	Manure removal from pasture  O Annually O Seasonally (i.e. Spring/Fall, Summer/V O Monthly O Weekly O Daily	Vinter)
	Pasture rotation  O Annually  O Seasonally (i.e. Spring/Fall, Summer/V  O Monthly  O Weekly  O Daily	Vinter)



### Any additional comments regarding the protocol for managing parasites:

Who is responsible for implementing your facility's p all that apply):	arasite control methods (please tick
<ul> <li>□ Owner(s)</li> <li>□ Facility employees (e.g. stablehands, grooms)</li> <li>□ Clients</li> <li>□ Veterinarian</li> <li>□ Other, please specify:</li> </ul>	
All individuals responsible for implementing this faci- been trained in this protocol.	lity's parasite control methods have
Facility Owner Signature:	Date:



## Vaccination Protocol

FACILITY OWNER NAME:	DATE:
☐ The Attending Veterinarian has advised this facility	NOT to vaccinate horses.
Attending Veterinarian Signature:	Date:
OR	
If the Attending Veterinarian <u>has</u> advised this facility to information below:	o vaccinate horses, please fill in the
The Attending Veterinarian has advised this facility to vaccinations (please tick all that apply):	administer the following core
<ul> <li>□ Tetanus</li> <li>□ Rabies</li> <li>□ West Nile Virus</li> <li>□ Eastern and Western Equine Encephalomyelitis</li> </ul>	
The Attending Veterinarian has advised this facility to (please tick all that apply):	vaccinate against the following
☐ Anthrax ☐ Botulism ☐ Equine Herpesvirus ☐ Equine Influenza ☐ Equine Viral Arteritis ☐ Leptospirosis ☐ Potomac Horse Fever ☐ Rotaviral Diarrhea ☐ Snake Bite ☐ Strangles ☐ Venezuelan Equine Encephalomyelitis ☐ Other, please specify:	



Please indicate the type of vaccinations, product, and frequency administered for each classification of horse present on your facility. If you do not have horses within a particular class, please leave that row blank.

Horse Class	Vaccinations	Product	Frequency
Broodmare			
Foal			
Weanling (<12 months)			
Adult (>1 year)			
Competition/athlete			

Are any of the horses exempt from vaccinations? If so, please list them and indicate why (e.g. anaphylactic reaction)

All vaccinations are stored according to the directions on their label.

All vaccinations are administered according to the prescribing veterinarian's instructions.

A vaccination record for all horses is kept on the property.

A copy of the vaccination records for all new arrivals to the facility must be provided to the facility owner.

Any additional protocols:

Facility Owner Signature:	Date:
Attending Veterinarian Signature:	Date:



#### Sick Horse Protocol

#### **FACILITY OWNER NAME:**

DATE:

- Horses are observed at least once per day for signs of well-being.
- Medications are purchased from regulated and reputable sources (e.g. a veterinarian or veterinary clinic, pharmacy or veterinary pharmacy, or licensed animal medicine outlet.)
- Medications administered to horses are used in consultation with and as per the advice and directions of the prescribing veterinarian.

#### Staff Training

- All staff employed by the facility has been trained to recognize the following:
  - Signs of a sick or injured horse
    - Symptoms of infectious diseases
  - o Signs of colic
  - Signs of lameness and laminitis (founder)
  - o Signs of dental problems
  - Signs of parasitism
  - Signs of toxicity (e.g. toxic plant consumption)
- \_\_\_\_\_ (who; e.g. barn manager, senior staff) has been trained to accurately take a horse's vital signs and to recognize what values are normal.
- Records of training are kept by the facility owner

#### Illness (non-infectious or infectious) and Injuries

•	In the event that a horse is identified as being ill or injured (henceforth simply referred to
	as "compromised"), staff members will:
	O Contact (who; e.g. facility owner, barn manager) to make them aware of the situation
	<ul> <li>Move the horse to a safe area for inspection by (who; e.g. facility owner, barn manager), if possible</li> </ul>
	o If horse shows signs of illness and this illness is suspected to be infectious in nature, the staff will follow the Infectious Disease Protocol and segregate the
_	horse immediately.
•	The (who; e.g. facility owner, barn manager) will inspect the horse and determine the perceived severity of the illness or injury. If this horse is a client horse, they will proceed with the Client Horse Protocol. If the horse is owned by the facility owner, they will use their best judgement to determine if the horse can be treated using their in-house supplies (e.g. a small cut or lesion) or if a professional needs to be contacted (e.g. a veterinarian, a farrier). They will then carry out this treatment plan.



0	The (who; facility owner, barn manager) will keep written records
	and/or receipts for the treatment plan provided to ill or injured horses. The records
	must include any medication that the horse has been provided, as well as any
	adverse reactions.

- Any and all compromised horses will be monitored at least twice daily to ensure that their condition is improving.
  - o In the event that a compromised horse is not showing signs of improvement, a veterinarian will be contacted as soon as possible in order to obtain professional advice on a new treatment plan or, if necessary, discuss euthanasia options.

#### Lan

Lameness
<ul> <li>In the event that a horse is identified as lame, staff members will:         <ul> <li>Contact</li></ul></li></ul>
Laminitis (Founder)
• The owners of all horses who arrive at the facility with an existing diagnosis of laminitis will make (who; e.g. barn manager) aware of their horse's condition. If the horse belongs to the facility owner, they will ensure that the horse's condition is



communicated to all staff members. Horses will laminitis are managed based on the recommendations of the Attending Veterinarian or client's veterinarian. In the event that a horse with undiagnosed laminitis begins to show symptoms, staff members will: o Contact (who; e.g. facility owner, barn manager) to make them aware of the situation o Move the horse to a safe area for inspection by (who; e.g. facility owner, barn manager), if possible The (who; e.g. facility owner, barn manager) will inspect the horse. If this horse is a client horse, they will proceed with the Client Horse Protocol. If the horse belongs to the facility owner, they will contact the Attending Veterinarian for an assessment, and determine the appropriate course of action for future management. **Dental Problems** • All horses, but particularly those at risk of dental problems (e.g. broodmares, foals, geriatrics, horses in training) are examined as frequently as necessary to ensure proper dental health. In the event that a horse is identified as showing signs of dental problems, staff members O Contact \_\_\_\_\_ (who; e.g. facility owner, barn manager) to make them aware of the situation o Move the horse to a safe area for inspection by \_\_\_\_\_ (who; e.g. facility owner, barn manager), if possible (who; e.g. facility owner, barn manager) will inspect the horse and determine the perceived severity of the problem. If this horse is a client horse, they will proceed with the Client Horse Protocol. If the horse belongs to the facility owner, they will take steps to ensure an appointment is made with the Attending Veterinarian or a competent individual working under veterinary supervision to have the horse's teeth inspected. • After the appointment, the (who; e.g. barn owner, barn staff) will continue to monitor to the horse to ensure that their condition is improving. o In the event that a compromised horse is not showing signs of improvement, a veterinarian will be contacted as soon as possible in order to obtain professional advice on a new treatment plan.



Client Hors	ses
☐ There are	e no client horses. All horses at this facility are owned by the facility owner.
	OR
In the even the protoco	t that a client horse is determined to be compromised (sick, injured, or lame), l is:
<ul> <li>hors</li> <li>Indicate the seventh of the</li></ul>	(who; e.g. facility owner, barn manager) will be notified that there is a client e who is compromised  (who; e.g. facility owner, barn manager, stable hand) will contact the client e's owner as soon as it is safe to do so via (means; e.g. phone, text, email) If they cannot be contacted via their preferred method, (who; e.g. facility owner, barn manager) will utilize all other available means to contact them If they cannot be reached, please see protocol for when a client cannot be contacted below cate the perceived severity of the sickness, injury, or lameness (e.g. mild, moderate, re, requiring immediate veterinary action)  Tribe any actions that have already been conducted (e.g. taking vitals, cleaning an ry, bringing the horse indoors)  ire as to how the client would like to proceed (e.g. have minor scrape treated by wledgeable staff at the facility, contact the farrier, ship horse to an equine hospital) thorse as per the client's requests  If the client refuses to provide a treatment plan for the horse and the (who; e.g. facility owner, barn manager) deems the horse to be in distress, please see protocol below regarding this situation  ow up with client (time frame; e.g. hourly, once per day, once per week) by iding updates regarding the horse's condition as necessary nation records regarding the horse's treatment and any concerns caregivers have not the process (e.g. reactions to prescribed medications)
	t that a client horse is determined to be sick or injured and the client CANNOT d, the protocol is:
<ul><li>If the facil</li><li>If the (who and and a The</li></ul>	(who, e.g. facility owner, barn manager, stable hand) must assess the injury, ness, or lameness and determine if veterinary action is required e injury, illness, or lameness can be treated by a knowledgeable member of the ity staff, they will do so.  e injury, illness, or lameness requires immediate veterinary intervention, the



the client with updates regarding their horse's condition and what has already been done for them.

In the event that a client refuses to provide treatment for a horse the facility owner deems to be in distress, the protocol is:

• Facility staff will follow protocol outlined in the Boarding Agreement.

Any additional protocols:



## Infectious Disease Protocol

FACILITY OWNER NAME:	DATE:
Segregation Pen, Stall or Area	
<ul> <li>This facility has a segregation pen, stall, or a that horses cannot achieve physical contact while being quarantined there.</li> <li>Please describe the segregation area:</li> </ul>	`
<ul> <li>After the horse has finished its mandatory so the water and feed sources in the segregation</li> <li>Other, please indicate:</li> </ul>	
New Arrivals	
after which point, the new arrivals can be sa not shown signs of illness.  O Horses that arrive with a suspected of the end of they are deemed safe to introduce to they are deemed safe to introduce to end of they are deemed safe to introduce to the end of the end of they are deemed safe to introduce to end of the end	orses (where; e.g. in the designated um of (how many days; at least 7), fely introduced to resident horses if they have or confirmed infectious disease will be nanaged under veterinary supervision until resident horses) ring their segregation period will be additional period of how many days and then veterinarian deems it safe to do so) ir quarantine period for any signs of illness. If
Visiting Horses	
• A "visiting horse" is any horse whose stay a a show, clinic, or other short event being ho	t the facility is temporary for the purposes of sted at the facility.

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• Physical contact is eliminated or minimized wherever possible to keep resident horses from coming into contact with horses visiting for training, clinics, shows, or other events. Visiting horses are never turned out with resident horses.
<ul> <li>Visiting horse owners are required to: (e.g. bring their own feed and water buckets, bring their own tack, provide documentation of horse's vaccination status)</li> <li>Necessary shared facilities (e.g. wash stalls) are either classed between uses or prohibited</li> </ul>
<ul> <li>Necessary shared facilities (e.g. wash stalls) are either cleaned between uses or prohibited to be used by visiting horses.</li> <li>Other, please indicate:</li></ul>
Client Horses
☐ There are no client horses. All horses at this facility are owned by the facility owner.
OR
In the event that there is a confirmed case of an infectious disease at the facility, the protocol is:
<ul> <li>(who; e.g. facility owner, barn manager, stable hand) will contact the client horse's owner immediately via (means; e.g. phone, text, email)</li> <li>They will inform the client that there is a confirmed case of an infectious disease and indicate whether the client's horse has been in contact with the sick horse.</li> <li>They will inform the client as to what biosecurity measures are currently in effect (e.g. testing, quarantine, cleaning procedures) that the client must follow if they intend to visit their horse</li> <li>They will follow up with client (time frame; e.g. hourly, once per day, once per week) by providing updates regarding the horse's condition and/or any changes to the biosecurity measures currently implemented.</li> <li>Other, please indicate:</li> </ul>
Facility-Level Biosecurity
<ul> <li>Authorities (e.g. Canadian Food Inspection Agency) are advised of horses that are suspected or confirmed to have a federally reportable disease (e.g. West Nile Virus).</li> <li>Other, please indicate:</li> </ul>
Any additional protocols:



#### Heat and Cold Stress Protocol

#### **FACILITY OWNER NAME:**

DATE:

- Staff is trained to recognize signs of heat stress. These include: weakness, disorientation, muscle tremors, and shallow or rapid breathing. If a horse is witnessed by any barn staff exhibiting signs of heat stress, the barn staff member will promptly provide assistance. This includes (please tick all that apply):
  - o Bringing the horse indoors, when able
  - Changing or adjusting blankets
  - Turning on fans or air conditioning
  - Cold hosing or applying ice packs
  - o Contacting a veterinarian, as needed
  - o Other, please specify:
- Staff is trained to recognize signs of cold stress (shivering). If a horse is witnessed by any barn staff exhibiting signs of cold stress, the barn staff member will promptly provide assistance. This includes (please tick all that apply):
  - o Bringing the horse indoors, when able
  - Changing or adjusting blankets
  - o Other, please specify:
- Records of this employee training is kept.

Horses are checked at least once a day, or more as necessary, to ensure they are thermally comfortable. Special attention is paid to horses who are particularly vulnerable to heat and cold stress, including: foals, geriatric horses, sick horses, injured horses, horses with a low body condition score, horses with a wet or moist coat, horses who have been clipped, and horses who are not acclimated to their current facility's local weather.

Any additional protocols:



# Foaling and Newborn Care

FACILITY OWNER NAME:	DATE:
☐ This facility does not provide foaling services or accept	ot clients with mares and foals.
OR	
<ul> <li>All employees of this facility have been trained or protocol. Proof of this training is kept on site.</li> <li>Gestating mares or jennets are managed in such a welfare. <ul> <li>All mares or jennets have access to exercise environmental conditions prevent it, or the orders.</li> <li>Any gestating mare or jennet requiring mecare. The Boarding Contract includes a classification of the alth, well-being, and foaling.</li> <li>All employees of this facility are trained to (e.g. development of udder, softening of the access of the facility has a safe, clean space for geston and a ware of it. This plan includes who contact information of the Attending or Clean emergency.</li> </ul> </li> <li>All employees of this facility are trained to recogn Expert advice or help from veterinarian or experied abnormalities are observed during birth (e.g., foal labour), following birth, or as needed.</li> <li>Foals are inspected as close to birth as possible are e.g. hourly during the first 24 hrs) to ensure they one foals must receive colostrum. If colostrum antibody source is readily available.</li> <li>Foals who shown signs of illness or abnormalities or abnormalities.</li> <li>Foals who shown signs of illness or abnormality of the process of</li></ul>	way to promote good health and se or turnout unless severe ey are put on stall rest at a veterinarian's edical care will receive the necessary ause indicating this to clients. Coaling at least twice per day for signs of the recognize signs of impending foaling ne tail head) tating mares or jennets to foal ho; e.g. barn manager) and all staff is to consult for help, as well as the lient Veterinarian in the event of an mize signs of an abnormal foaling. enced personnel is sought if any is not visible after 10 minutes of active and are monitored (frequency; can rise and suckle unassisted. In is not available, an alternative
Any additional protocols:	