



PROGRAMME DE SOINS AUX ÉQUIDÉS

Canada Équestre

HERD HEALTH PLAN REVIEW FORM

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

Facility owner/manager:

Name: _____

Phone number: _____

Email: _____

Facility address:

Attending veterinarian:

Name: _____

Clinic: _____

Phone number: _____

Email: _____

Clinic address:

I hereby certify that I, the Attending Veterinarian named above, have reviewed this facility's herd health plan, and deem the protocols appropriate for maintaining herd health.

Signature: _____

Date: _____



I hereby certify that I, the facility manager /owner named above, adhere to the herd health protocols advised by the Attending Veterinarian.

Signature: _____

Date: _____

Parasite control protocol:

Indicate the type of routine control methods used (*check all that apply*):

Oral paste dewormer

- Annually
- Seasonally (i.e., Spring/Fall, Summer/Winter)
- Monthly
- Weekly
- Daily

Fecal egg counts

- Annually
- Seasonally (i.e., Spring/Fall, Summer/Winter)
- Monthly
- Weekly
- Daily

Fecal examination

- Annually
- Seasonally (i.e., Spring/Fall, Summer/Winter)
- Monthly
- Weekly



- Daily
- Manure removal from pastures**
 - Annually
 - Seasonally (i.e., Spring/Fall, Summer/Winter)
 - Monthly
 - Weekly
 - Daily
- Pasture rotation**
 - Annually
 - Seasonally (i.e., Spring/Fall, Summer/Winter)
 - Monthly
 - Weekly
 - Daily
- Other:** _____
 - Annually
 - Seasonally (i.e., Spring/Fall, Summer/Winter)
 - Monthly
 - Weekly
 - Daily

Additional protocols:



Vaccination protocol (if applicable):

The Attending Veterinarian has advised this facility to administer the following **core vaccinations** (*check all that apply*):

- Tetanus
- Rabies
- West Nile Virus
- Eastern and Western Equine Encephalomyelitis

The Attending Veterinarian has advised this facility to vaccinate against the following (*check all that apply*):

- Anthrax
- Botulism
- Equine Herpesvirus
- Equine Influenza
- Equine Viral Arteritis
- Leptospirosis
- Potomac Horse Fever
- Rotaviral Diarrhea
- Snake Bite
- Strangles
- Venezuelan Equine Encephalomyelitis
- Other, specify: _____



Please indicate the type of vaccinations, 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 administered:	Frequency:
Broodmare		
Foal		
Weanling (<12 months)		
Adult (>12 months)		
Competition horses		

If any horses at the facility are exempt from vaccinations, please list them and indicate why (*e.g., previous 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 horse arrivals to the facility must be provided to the facility owner/manager.

Additional protocols:

Sick horse protocol:

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.

Caregiver training

- Caregiver training records are kept by the facility owner/manager.
- Caregivers have been trained to recognize the following:



- Signs of a sick or injured horse
- Symptoms of infectious diseases
- Signs of colic
- Signs of lameness and laminitis (founder)
- Signs of dental problems
- Signs of parasitism
- Signs of toxicity (e.g., toxic plant consumption)
- Normal vital signs for horses

Illness (non-infectious or infectious) and injuries

If a horse is identified as being ill or injured (henceforth simply referred to as “compromised”), caregivers will contact the following individual to make them aware of the situation:

(e.g., facility owner/manager)

Move the horse to a safe area for inspection by the following individual, if possible:

(e.g., facility owner/manager)

If horse shows signs of illness and this illness is suspected to be infectious in nature, caregivers will follow the Infectious Disease Protocol and segregate the horse immediately.

The following individual will inspect the horse and determine the perceived severity of the illness or injury:

(e.g., facility owner/manager)

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., veterinarian, farrier). They will then carry out this treatment plan.

Written records and / or receipts for the treatment plan will be kept and provided to ill or injured horses. The records must include any medication that the horse has been provided, as well as any adverse reactions. Compromised horses will be monitored at least twice daily to ensure that their condition is



improving. If a compromised horse is not showing signs of improvement, a veterinarian will be contacted as soon as possible to obtain professional advice on a new treatment plan or, if necessary, discuss euthanasia options.

Additional protocols:

Lameness protocol:

If a horse is identified as lame, caregivers will contact the following individual to make them aware of the situation:

(e.g., facility owner/manager)

Move the horse to a safe area for inspection, if possible. The following individual will inspect the horse and determine the perceived severity of the lameness:

(e.g., facility owner/manager)

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., applying poultice) or if a professional needs to be contacted (e.g., veterinarian, farrier). They will then carry out this treatment plan.

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. Lamenesses will be monitored daily to ensure that their condition is improving. If lame horse is not showing signs of improvement, a veterinarian will be contacted as soon as possible to obtain professional advice on a new treatment plan or, if necessary, discuss euthanasia options.

Lame horses will not resume work under they are deemed sound by the following individual:

(e.g., veterinarian).

The determined cause of the lameness will determine if any adjustments need to be made to the horse's workload, diet, farrier care, or any other management practices.

Additional protocols:



Laminitis (founder) protocol:

The owners of all horses who arrive at the facility with an existing diagnosis of laminitis will make the following individual aware of their horse's condition:

(e.g., facility owner/manager)

If the horse belongs to the facility owner, they will ensure that the horse's condition is communicated to all caregivers. Horses with laminitis are managed based on the recommendations of the Attending Veterinarian or client's veterinarian.

If a horse with undiagnosed laminitis begins to show symptoms, caregivers will:

Contact the following individual to make them aware of the situation:

(e.g., facility owner/manager)

Move the horse to a safe area for inspection, if possible. The following individual will inspect the horse and determine the perceived severity of the lameness:

(e.g., facility owner/manager)

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.

Additional protocols:

Dental problems protocol:

All horses, but particularly those at risk of dental problems (e.g., broodmares, foals, senior horses) are examined as frequently as necessary to ensure proper dental health.

If a horse is identified as showing signs of dental problems, caregivers will contact the following individual to make them aware of the situation:

(e.g., facility owner/manager)

Move the horse to a safe area for inspection, if possible. The following individual will inspect the horse and determine the perceived severity of the lameness:



(e.g., facility owner/manager)

The following individual will inspect the horse and determine the perceived severity of the problem:

(e.g., facility owner/manager)

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 following individual continue to monitor the horse to ensure that their condition is improving:

(e.g., facility owner/manager)

If a compromised horse is not showing signs of improvement, a veterinarian will be contacted as soon as possible to obtain professional advice on a new treatment plan.

Additional protocols:

Client protocol (if applicable):

The following individual will be notified that there is a client horse who is compromised:

(e.g., facility owner/manager)

The following individual will contact the client horse's owner as soon as it is safe to do so:

(e.g., facility owner/manager)

If the client cannot be contacted via their preferred method, the above individual will utilize all other available means to contact the client. If the client cannot be reached, please see protocol for when a client cannot be contacted below (see bolded header). Record the perceived severity of the sickness, injury, or lameness (e.g., mild, moderate, severe, requiring immediate veterinary action).

Describe any actions that have already been conducted (e.g., taking vitals, cleaning an injury, bringing the horse indoors). Inquire as to how the client would like to proceed (e.g., have minor scrape treated by knowledgeable caregivers at the facility, contact the farrier, ship horse to an equine hospital). Treat horse as per the client's requests.



If the client refuses to provide a treatment plan for the horse and the following individual deems the horse to be in distress, please see protocol below regarding this situation:

(e.g., facility owner/manager)

Follow up with client within *(e.g., hours, 1 day)* _____ by providing updates regarding the horse's condition, as necessary.

Maintain records regarding the horse's treatment and any concerns caregivers have during the process (e.g., reactions to prescribed medications).

If a client horse is determined to be sick or injured and the client CANNOT be contacted, the protocol is:

The following individual must assess the injury, sickness, or lameness and determine if veterinary action is required:

(e.g., facility owner/manager)

If the injury, illness, or lameness can be treated by a knowledgeable caregiver, they will do so. If the horse's injury, illness, or lameness requires immediate veterinary intervention, the following individual will contact the facility's Attending Veterinarian and treat the horse as per their recommendations:

(e.g., facility owner/manager)

The following individual will continue to attempt to contact the client until they can be reached:

(e.g., facility owner/manager)

When reached, they will provide the client with updates regarding their horse's condition and what has already been done for them.

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

Additional protocols:



Infectious disease protocol:

Segregation pen, stall, or area

The facility has a segregation pen, stall, or area. It is built and/or managed in such a way that horses cannot achieve physical contact (minimum nose-to-nose) with other horses, while being quarantined there.

Describe the segregation area:

After the horse has finished its mandatory segregation period (minimum of seven days), the water and feed sources in the segregation area are cleaned and disinfected.

Additional protocols:

New arrivals

Prior to arrival, owners must submit a vaccination record to the following individual for their horse(s):

(e.g., facility owner/manager)

New arrivals are segregated from resident horses (*describe where; e.g., in the segregation pen*):

Segregation lasts a minimum of (*e.g., 7 days*) _____, after which point, the new arrivals can be safely introduced to resident horses if they have not shown signs of illness. Horses that arrive with a suspected or confirmed infectious disease will be:

(e.g., segregated and managed under veterinary supervision until they are deemed safe to introduce to resident horses)

Horses that show signs of illness during their segregation period will be:

(e.g., segregated for an additional period of 7 days and then introduced to resident horses once a veterinarian deems it safe to do so)



Horses are monitored for the duration of their quarantine period for any signs of illness. If the segregated horse becomes ill, caregivers will follow the Sick Horse Protocol.

Additional protocols:

Visiting horses (if applicable)

A “visiting horse” is any horse whose stay at the facility is temporary for the purposes of a show, clinic, or other short event being hosted at the facility.

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. 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)

Necessary shared facilities (e.g., wash stalls) are either cleaned between uses or prohibited from being used by visiting horses.

Additional protocols:

Client horses (if applicable)

If there is a confirmed case of an infectious disease at the facility, the following individual will contact the client horse’s owner immediately:

(e.g., facility owner/manager)

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. 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.

They will follow up with client *(e.g., once per day)* _____ by providing updates regarding the horse’s condition and/or any changes to the biosecurity measures currently implemented.

Additional protocols:



Facility-level biosecurity

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).

Additional protocols:

Heat and cold stress protocol:

Caregivers are trained to recognize signs of heat stress, such as:

- Weakness
- Disorientation
- Muscle tremors
- Shallow or rapid breathing

If a horse is witnessed by any caregivers exhibiting signs of heat stress, the caregiver will promptly provide assistance. This includes (*check all that apply*):

- Bringing the horse indoors
- Changing or removing the horse's blanket
- Turning on fans or air conditioning
- Contacting a veterinarian, as needed
- Other: _____

Caregivers are trained to recognize signs of cold stress (e.g., shivering). If a horse is witnessed by any caregiver exhibiting signs of cold stress, the caregiver will promptly provide assistance. This includes (*check all that apply*):

- Bringing the horse indoors
- Changing the horse's blanket
- Other: _____



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.

Additional protocols:

Foaling and newborn care protocol (if applicable):

Gestating mares or jennets are managed in such a way to promote good health and welfare. All mares or jennets have access to exercise or turnout unless severe environmental conditions prevent it, or they are put on stall rest at a veterinarian's orders.

Any gestating mare or jennet requiring medical care will receive the necessary care. The Boarding Contract includes a clause indicating this to clients.

Gestating mares or jennets are observed close to foaling at least twice per day for signs of health, well-being, and foaling. All caregivers are trained to recognize signs of impending foaling (e.g., development of udder, softening of the tail head). The facility has a safe, clean space for gestating mares or jennets to foal.

A foaling plan is developed by the following individual and all caregivers is made aware of it:

(e.g., facility owner/manager)

This plan includes who to consult for help, as well as the contact information of the Attending or Client Veterinarian in the event of an emergency. All caregivers of this facility are trained to recognize signs of abnormal foaling. Expert advice or help from veterinarian or experienced personnel is sought if any abnormalities are observed during birth (e.g., foal is not visible after 10 minutes of active labour), following birth, or as needed.

Foals are inspected as close to birth as possible and are monitored every *(indicate frequency; e.g., hourly during the first 24 hrs)* _____ to ensure they can rise and suckle unassisted. Foals must receive colostrum. If colostrum is not available, an alternative antibody source is readily available. Foals that shown signs of illness or abnormalities are assisted immediately by the following individual and veterinary care is provided as needed and without delay:

(e.g., facility owner/manager)



Additional protocols:
