

Form Approved

OMB Number 0579-0399

Expires XX/XXXX

EHV-1 Study

Questionnaire

Animal and Plant Health

Inspection Service

Veterinary Services

Please complete a separate Questionnaire for each EHV/EHM suspect or confirmed case or control horse identified in the outbreak.

Date questionnaire completed:

Owner name:

Trainer name:

Horse’s registered name*:*

Horse’s barn name:

Premises where horse resides:

Facility name:

City/State:

:

Is this horse part of an EHV/EHM outbreak? 🞏1 Yes🞏3 No

IF YES, what is the likely place of exposure to EHV (including event name, location, city, and State)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have not read the instructions,   
please do so before completing the survey.

**NAHMS-317**

# Mar 2013

**WHOA!**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0399. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

INSTRUCTIONS: Answer questions based on the horse’s status at the time of disease

DATE Survey Completed: \_\_\_\_\_\_\_\_\_ date

Section 1—Horse Information/Signalment

1. Gender: C100

🞏1 Gelding

🞏2 Stallion

🞏3 Nonpregnant mare

🞏4 Pregnant mare

2. Breed: [Check only one.]

🞏1 Appaloosa 🞏8 Standardbred

🞏2  Arabian 🞏9 Tennessee Walker

🞏3 Draft breed 🞏10 Thoroughbred

🞏4 Morgan 🞏11  Quarter horse

🞏5 Mustang 🞏12 Warmblood breed

🞏6 Paint 🞏13 Other registered breed (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

🞏7 Saddlebred 🞏14 Other non-registered breed (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

3. Age (in years) C102 \_\_\_\_\_ yrs

4. What is the primary use of this horse? [Check only one.] C103

🞏1 Recreation/pleasure 🞏5 Racing

🞏2 Lessons/school 🞏6 Farm or ranch work

🞏3 Showing/competition 🞏7 Other (specify:

🞏4 Breeding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) C103OTH

5. In how many events did this horse compete in the 30 days prior to February 15, 2013? C104 \_\_\_\_\_ #  
 (e.g., show, race, western performance, organized trail ride.)

6. What was the average level of exercise[[1]](#footnote-1) in the 30 days prior to February 15, 2013? [Check only one.] C106

🞏1 Light

🞏2 Moderate

🞏3 Heavy

🞏4 Very heavy

7. How was this horse typically housed/maintained in the 30 days prior to February 15, 2013?

[Check all that apply.]

🞏Stall C107

🞏Paddock/corral C108

🞏Pasture C109

🞏Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) C110OTH C110

8. Was this horse receiving supplements added to the regular feed ration in  
the 30 days prior to February 15, 2013? C111 🞏1 Yes🞏3 No

If YES, provide the specific name(s) of the supplements given and amount(s)

given/day:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Amount fed per feeding | |  |  |
| Product Name | Amount | Unit type | Number of times per day | In months, time on product |
| Example: Platinum performance CJ | *1* | 🞏1 Ounce(s)  🗹2 Scoop(s)  🞏3 IU(s)  🞏4 ML(s)  **🞏5 Other (specify)** | 🗹1 Once a day  🞏2 Twice a day  🞏3 Other (specify) | *15 months* |
|  |  | 🞏1 Ounce(s)  🞏2 Scoop(s)  🞏3 IU(s)  🞏4 ML(s)  🞏5 Other (specify) | 🞏1 Once a day  🞏2 Twice a day  🞏3 Other (specify) |  |
|  |  | 🞏1 Ounce(s)  🞏2 Scoop(s)  🞏3 IU(s)  🞏4 ML(s)  🞏5 Other **(**specify**)** | 🞏1 Once a day  🞏2 Twice a day  🞏3 Other (specify) |  |
|  |  | 🞏1 Ounce(s)  🞏2 Scoop(s)  🞏3 IU(s)  🞏4 ML(s)  🞏5 Other **(**specify**)** | 🞏1 Once a day  🞏2 Twice a day  🞏3 Other (specify) |  |
|  |  | 🞏1 Ounce(s)  🞏2 Scoop(s)  🞏3 IU(s)  🞏4 ML(s)  🞏5 Other **(**specify**)** | 🞏1 Once a day  🞏2 Twice a day  🞏3 Other (specify) |  |
|  |  | 🞏1 Ounce(s)  🞏2 Scoop(s)  🞏3 IU(s)  🞏4 ML(s)  🞏5 Other **(**specify**)** | 🞏1 Once a day  🞏2 Twice a day  🞏3 Other (specify) |  |

9. Did this horse commingle with other horses outside of   
its herdmates between February 1 and February 15, 2013? 🞏1 Yes🞏3 No

[If item 9 = No, skip to Section 2.]

10. List the name(s) and location(s) of event/show/trail ride, race, etc) where

horses commingled between February 1 and February 15, 2013:   
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Which of the following interactions when at events applied to this horse during the most recent event (e.g., show, race, competition, western, organized trail ride)? [Check all that apply.]

🞏Tied in barn outside of stall C350

🞏Used a shared water source C351

🞏Grazed on facility grounds C352

🞏Utilized a wash rack C353

🞏Had veterinary treatment or examination C354

🞏Was worked on by a farrier C355

🞏Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) C356OTH C356

Section 2—Clinical Information

1. Has this horse shown any clinical signs of illness, such as a   
fever (temp >101.5°F) or neurologic signs, since February 15, 2013? 🞏1 Yes🞏3 No

[If NO, skip to Section 3.]

2. What was the date of onset of illness? Cxx \_\_\_\_\_\_\_\_\_\_ date

3. Has this horse had a rectal temperature greater than 101.5°F  
since February 15, 2013? C402 🞏1 Yes🞏3 No 🞏9 No temp taken

[If No or No Temperature Taken, skip to Item 7.]

4. What was the date of onset of fever? C403 \_\_\_\_\_\_\_\_\_\_ date

5. What was the highest temperature documented during

the course of disease? C404 \_\_\_\_\_\_\_\_\_\_ temp

6. What was the date of last fever? C405 \_\_\_\_\_\_\_\_\_\_ date

7. Has the horse exhibited neurologic signs since February 15, 2013? C406 🞏1 Yes🞏3 No

[If NO, skip to Item 10.]

8. What was the date of onset of neurologic signs? C407 \_\_\_\_\_\_\_\_\_\_ date

9 Of the following neurologic signs listed, check all that were observed   
in this horse since February 15, 2013. [Check all that apply.]

🞏Incoordination/wobbly gait C500

🞏Dogsitting C501

🞏Down (unable to rise) C502

🞏Exaggerated limb movements, either when walking or while down C503

🞏Stumbling/falling C504

🞏Circling C505

🞏Disorientation C506

🞏Lethargic C507

🞏Urine dribbling C508

🞏Flaccid tail C509

🞏Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) C510OTH C510

10. Of the following clinical signs, check all that were observed  
in this horse since February 15, 2013: [Check all that apply.]

🞏Nasal discharge C511

🞏 Coughing C512

🞏Off feed C513

🞏Excessive sweating C514

🞏Colic C515

🞏Limb edema/stocking up C516

🞏Abortion C516a

🞏Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) C517OTH C517

11. On what date did this horse: (write in n/a if not applicable)

a. fully recover? \_\_\_\_\_\_\_\_\_\_ date

b. return to previous performance level? \_\_\_\_\_\_\_\_\_\_ date

c. died or was euthanized? \_\_\_\_\_\_\_\_\_\_ date

If the horse died or was euthanized, please attach a copy of the necropsy   
 report and any laboratory results.

Section 3—Travel Information

1. In the 30 days PRIOR to February 15, 2013, list the location or event and the number of   
miles this horse was transported:

|  |  |  |
| --- | --- | --- |
| Location or event | Total miles  (round trip) | Dates |
| C602 | C608 |  |
| C603 | C609 |  |
| C604 | C610 |  |
| C605 | C611 |  |
| C606 | C612 |  |
| C607 | C613 |  |

2. When traveling by trailer/van, on average, how many hours does

the horse travel before resting/unloading? C614 \_\_\_\_\_ hrs

3. In general, which of the following best describes this horse’s response to

the stress of travel? [Check the most appropriate description.] C615

🞏1 Tends to get more stressed than the average horse

🞏2 About average for a horse

🞏3 Very tolerant of travel and does not appear stressed compared to other horses

Section 4—Vaccination Information

1. In the 12 months PRIOR to February 15, 2013, was this horse

vaccinated against equine herpesvirus 1 (EHV-1; also called Rhino)? C700 🞏1 Yes🞏3 No

If YES, list the dates, product code, and product name used to vaccinate this horse against EHV-1.

It is important to provide the specific product name or category of vaccine because

they vary in content and mechanism of action. [If you cannot remember specific product

names, please check with the horse’s veterinarian and provide at least the category of

vaccine used, i.e., modified live vaccine, killed EHV product labeled for prevention

of abortion/respiratory disease, killed product labeled for prevention of respiratory disease.]

Product names and codes can be found on the last 2 pages of this questionnaire.

|  |  |  |
| --- | --- | --- |
| Product code | Trade name | Date(s) given in last 12 months (mm/dd/yy) |
| Example  3 | Calvenza eiv/ehv | 5/14/2012 7/18/2012 \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ |

Section 5—Treatment

[Please contact the horse’s veterinarian for assistance in completing this section.]

1. List all dates this horse was examined by a veterinarian since February 15, 2013:

date: \_\_\_\_\_\_\_C800 date: \_\_\_\_\_\_\_C800a date: \_\_\_\_\_\_\_C800b date: \_\_\_\_\_\_\_C800c date: \_\_\_\_\_\_\_C800d

2. In the 30 days PRIOR to February 15, 2013 and through today which of the following types of treatment(s) have been given?: [Check all that apply.]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | If YES, complete these columns | | |  |
|  |  | Was this treatment given? | Date Started | Days Treated | Dose |  |
|  | DMSO | 🞏1 Yes 🞏3 No |  |  |  | var |
|  | Corticosteroids | 🞏1 Yes 🞏3 No |  |  |  |  |
|  | Fluids | 🞏1 Yes 🞏3 No |  |  |  |  |
| Nonsteroidal anti-inflam- matories | Flunixin meglumine (Banamine™) (include dose) | 🞏1 Yes 🞏3 No |  |  |  |  |
| Phenylbutazone (Bute™) (include dose) | 🞏1 Yes 🞏3 No |  |  |  |  |
| Specify other nonsteroidal anti-inflammatories (include dose) | 🞏1 Yes 🞏3 No |  |  |  |  |
|  | Antibiotics | 🞏1 Yes 🞏3 No |  |  |  |  |
| Antiviral drugs | Valtrex/valcyclovir (include product/dose) | 🞏1 Yes 🞏3 No |  |  |  |  |
| Acyclovir (include dose) | 🞏1 Yes 🞏3 No |  |  |  |  |
| Specify other antiviral drugs (include dose) | 🞏1 Yes 🞏3 No |  |  |  |  |
| Immuno-modulators | Zylexis (include dose) | 🞏1 Yes 🞏3 No |  |  |  |  |
| Equistim (include dose) | 🞏1 Yes 🞏3 No |  |  |  |  |
| Specify other immunomodulators (include dose) | 🞏1 Yes 🞏3 No |  |  |  |  |
|  | Diuretics | 🞏1 Yes 🞏3 No |  |  |  |  |
|  | Seizure medications | 🞏1 Yes 🞏3 No |  |  |  |  |
|  | Placement in a sling | 🞏1 Yes 🞏3 No |  |  |  |  |
|  | Aspirin) | 🞏1 Yes 🞏3 No |  |  |  |  |
|  | Lysine | 🞏1 Yes 🞏3 No |  |  |  |  |
|  | Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | 🞏1 Yes 🞏3 No |  |  |  |  |

Section 6—Diagnostic Testing Information

[Please contact the horse’s veterinarian for assistance in completing this section.]

1. Were samples collected from this horse for diagnostic testing for EHV-1? C900 🞏1 Yes🞏3 No

[If NO, skip to the bottom of this page to end the survey.]

Please fill in the following chart.

[Provide official laboratory reports via fax, scanned document, or hard copy if available.]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date collected | Sample type (check 1 only) | Test performed  (check only 1) | Specify laboratory | EHV-1 PCR result  (check only 1) | Virus types performed  (check all that apply)  SEE BELOW for DEFINITIONS |
|  | 🞏1 Nasal swab  🞏2 Whole blood  🞏3 Serum  🞏4 CSF | 🞏1 PCR  🞏2 Virus isolation  🞏3 Unknown  🞏4 Other (specify) |  | 🞏1 Positive  🞏1 Negative  🞏1 Other (specify) | 🞏1 Neuropathogenic POS  🞏2 Neuropathogenic NEG  🞏3 Non-neuropath/wild type POS  🞏4 Non-neuropath/wild type NEG  🞏5 Virus typing not done |
|  | 🞏1 Nasal swab  🞏2 Whole blood  🞏3 Serum  🞏4 CSF | 🞏1 PCR  🞏2 Virus isolation  🞏3 Unknown  🞏4 Other (specify) |  | 🞏1 Positive  🞏1 Negative  🞏1 Other (specify) | 🞏1 Neuropathogenic POS  🞏2 Neuropathogenic NEG  🞏3 Non-neuropath/wild type POS  🞏4 Non-neuropath/wild type NEG  🞏5 Virus typing not done |
|  | 🞏1 Nasal swab  🞏2 Whole blood  🞏3 Serum  🞏4 CSF | 🞏1 PCR  🞏2 Virus isolation  🞏3 Unknown  🞏4 Other (specify) |  | 🞏1 Positive  🞏1 Negative  🞏1 Other (specify) | 🞏1 Neuropathogenic POS  🞏2 Neuropathogenic NEG  🞏3 Non-neuropath/wild type POS  🞏4 Non-neuropath/wild type NEG  🞏5 Virus typing not done |
|  | 🞏1 Nasal swab  🞏2 Whole blood  🞏3 Serum  🞏4 CSF | 🞏1 PCR  🞏2 Virus isolation  🞏3 Unknown  🞏4 Other (specify) |  | 🞏1 Positive  🞏1 Negative  🞏1 Other (specify) | 🞏1 Neuropathogenic POS  🞏2 Neuropathogenic NEG  🞏3 Non-neuropath/wild type POS  🞏4 Non-neuropath/wild type NEG  🞏5 Virus typing not done |
|  | 🞏1 Nasal swab  🞏2 Whole blood  🞏3 Serum  🞏4 CSF | 🞏1 PCR  🞏2 Virus isolation  🞏3 Unknown  🞏4 Other (specify) |  | 🞏1 Positive  🞏1 Negative  🞏1 Other (specify) | 🞏1 Neuropathogenic POS  🞏2 Neuropathogenic NEG  🞏3 Non-neuropath/wild type POS  🞏4 Non-neuropath/wild type NEG  🞏5 Virus typing not done |
|  | 🞏1 Nasal swab  🞏2 Whole blood  🞏3 Serum  🞏4 CSF | 🞏1 PCR  🞏2 Virus isolation  🞏3 Unknown  🞏4 Other (specify) |  | 🞏1 Positive  🞏1 Negative  🞏1 Other (specify) | 🞏1 Neuropathogenic POS  🞏2 Neuropathogenic NEG  🞏3 Non-neuropath/wild type POS  🞏4 Non-neuropath/wild type NEG  🞏5 Virus typing not done |
|  | 🞏1 Nasal swab  🞏2 Whole blood  🞏3 Serum  🞏4 CSF | 🞏1 PCR  🞏2 Virus isolation  🞏3 Unknown  🞏4 Other (specify) |  | 🞏1 Positive  🞏1 Negative  🞏1 Other (specify) | 🞏1 Neuropathogenic POS  🞏2 Neuropathogenic NEG  🞏3 Non-neuropath/wild type POS  🞏4 Non-neuropath/wild type NEG  🞏5 Virus typing not done |

Use a separate sheet of paper if additional space is needed.

Complete Virus Types (for last column of PCR for EHV-1 testing)

* Neuropathogenic (DNApol [ORF30] variants carrying the D752 marker)
* Non-neuropathogenic/wild type (DNApol [ORF30] strains carrying the N752 marker)
* Virus typing not done

Thank you very much for your participation.   
EHV-1 vaccine listing starts on the next page.

**EHV-1 Trade Names – For Section 4, Item 1, enter the Code # and name.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Trade Name(s)** | **Detailed Information** | **Manufacturer** |
| 1 | Calvenza -03 EIV-EHV | Equine Rhinopneumonitis Vaccine, Killed Virus | Boehringer Ingelheim Vetmedica, Inc. |
| 2 | Calvenza EHV | Equine Rhinopneumonitis Vaccine, Killed Virus | Boehringer Ingelheim Vetmedica, Inc. |
| 3 | Calvenza EIV/EHV | Equine Rhinopneumonitis-Influenza Vaccine, Killed Virus | Boehringer Ingelheim Vetmedica, Inc. |
| 4 | EquiVac EHV-1/4 | Equine Rhinopneumonitis Vaccine, Killed Virus | Fort Dodge Laboratories, Inc. |
| 5 | EquiVac Innovator EHV-1/4 | Equine Rhinopneumonitis Vaccine, Killed Virus | Fort Dodge Laboratories, Inc. |
| 6 | Fluvac Innovator 5 | Encephalomyelitis-Rhinopneumonitis-Influenza Vaccine, Eastern & Western, Killed Virus, Tetanus Toxoid | Fort Dodge Laboratories, Inc. |
| 7 | Fluvac Innovator 5 Plus | Encephalomyelitis-Rhinopneumonitis-Influenza Vaccine, Eastern & Western, Killed Virus, Tetanus Toxoid | Fort Dodge Laboratories, Inc. |
| 8 | Fluvac Innovator 6 | Encephalomyelitis-Rhinopneumonitis-Influenza Vaccine, Eastern & Western & Venezuelan, Killed Virus, Tetanus Toxoid | Fort Dodge Laboratories, Inc. |
| 9 | Fluvac Innovator 6 Plus | Encephalomyelitis-Rhinopneumonitis-Influenza Vaccine, Eastern & Western & Venezuelan, Killed Virus, Tetanus Toxoid | Fort Dodge Laboratories, Inc. |
| 10 | Fluvac Innovator EHV-4/1 | Equine Rhinopneumonitis-Influenza Vaccine, Killed Virus | Fort Dodge Laboratories, Inc. |
| 11 | Fluvac Innovator EHV-4/1 Plus | Equine Rhinopneumonitis-Influenza Vaccine, Killed Virus | Fort Dodge Laboratories, Inc. |
| 12 | Pneumabort-K+1b | Equine Rhinopneumonitis Vaccine, Killed Virus | Fort Dodge Laboratories, Inc. |
| 13 | Prestige | Equine Rhinopneumonitis Vaccine, Killed Virus | Intervet/Schering-Plough Animal Health |
| 14 | Prestige II | Equine Rhinopneumonitis-Influenza Vaccine, Killed Virus | Intervet/Schering-Plough Animal Health |
| 15 | Prestige IV | Encephalomyelitis-Rhinopneumonitis Vaccine, Eastern & Western, Killed Virus, Tetanus Toxoid | Intervet/Schering-Plough Animal Health |
| 16 | Prestige V | Encephalomyelitis-Rhinopneumonitis-Influenza Vaccine, Eastern & Western, Killed Virus, Tetanus Toxoid | Intervet/Schering-Plough Animal Health |
| 17 | Prestige V with Havlogen | Encephalomyelitis-Rhinopneumonitis-Influenza Vaccine, Eastern & Western, Killed Virus, Tetanus Toxoid | Intervet/Schering-Plough Animal Health |
| **Code** | **Trade Name(s)** | **True Name** | **Manufacturer** |
| 18 | Prestige V+VEE | Encephalomyelitis-Rhinopneumonitis-Influenza Vaccine, Eastern & Western & Venezuelan, Killed Virus, Tetanus Toxoid | Intervet/Schering-Plough Animal Health |
| 19 | Prestige V+WNV | Encephalomyelitis-Rhinopneumonitis-Influenza Vaccine, Eastern & Western, Killed Virus, Tetanus Toxoid | Intervet/Schering-Plough Animal Health |
| 20 | Prestige V+WVN with Havlogen | Encephalomyelitis-Rhinopneumonitis-Influenza-West Nile Virus Vaccine, Eastern & Western, Killed Virus, Killed Flavivirus Chimera, Tetanus Toxoid | Intervet/Schering-Plough Animal Health |
| 21 | Prodigy with Havlogen | Equine Rhinopneumonitis Vaccine, Killed Virus | Intervet/Schering-Plough Animal Health |
| 22 | Rhino-Flu | Equine Rhinopneumonitis-Influenza Vaccine, Modified Live & Killed Virus | Pfizer Animal Health |
| 23 | Rhinomune | Equine Rhinopneumonitis Vaccine, Modified Live Virus | Pfizer Animal Health |
| 24 | CODE NOT USED |  |  |
| 25 | **--** | Encephalomyelitis-Rhinopneumonitis-Influenza Vaccine, Eastern & Western, Killed Virus, Tetanus Toxoid | Boehringer Ingelheim Vetmedica, Inc. |
| 26 | -- | Encephalomyelitis-Rhinopneumonitis-Influenza Vaccine, Eastern & Western & Venezuelan, Killed Virus, Tetanus Toxoid | Boehringer Ingelheim Vetmedica, Inc. |
| 27 | -- | Encephalomyelitis-Rhinopneumonitis-Influenza Vaccine, Eastern & Western & Venezuelan, Killed Virus, Tetanus Toxoid | Hennessy Research Associates, LLC |
| 28 | -- | Encephalomyelitis-Rhinopneumonitis-Influenza-West Nile Virus Vaccine, Eastern & Western, Killed Virus, Tetanus Toxoid | Boehringer Ingelheim Vetmedica, Inc. |
| 29 | -- | Encephalomyelitis-Rhinopneumonitis-Influenza-West Nile Virus Vaccine, Eastern & Western & Venezuelan, Killed Virus, Tetanus Toxoid | Boehringer Ingelheim Vetmedica, Inc. |
| 30 | -- | Encephalomyelitis-Rhinopneumonitis-Influenza-West Nile Virus Vaccine, Eastern & Western, Killed Virus, Tetanus Toxoid | Hennessy Research Associates, LLC |
| 31 | -- | Encephalomyelitis-Rhinopneumonitis-Influenza-West Nile Virus Vaccine, Eastern & Western, Killed Virus, Tetanus Toxoid | Hennessy Research Associates, LLC |
| 32 | -- | Encephalomyelitis-Rhinopneumonitis-Influenza-West Nile Virus Vaccine, Eastern & Western & Venezuelan, Killed Virus, Tetanus Toxoid | Hennessy Research Associates, LLC |

1. Light exercise is described as 1 to 3 hours/week of mostly walking and trotting. Many horses kept for recreational riding would be included in the light exercise category. Moderate exercise consists of 3 to 5 hours/week of mostly trotting with some walking, some cantering and possibly some jumping or other type of more difficult activity. Horses used for horse shows, ranch work and frequent recreational riding would fit into the moderate exercise category. Heavy exercise is described as 4 to 5 hours/week of trotting, cantering, galloping and some jumping, cattle work, etc. Horses engaged in three day eventing, polo, endurance racing, cutting, or other competitive events would be in this category. The very heavy exercise category includes racehorses and a few other horses that compete at the elite level of endurance or three day eventing. [↑](#footnote-ref-1)