

**USDA
Use Only**

State FIPS code: _____
Assigned premises #: _____ Horse #: _____

Project: _____



Animal and
Plant Health
Inspection
Service

Veterinary
Services

EHV-1 Study Questionnaire

Form Approved
OMB Number 0579-0399
Expires XX/XXXX

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? _____ Yes 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.

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.

**NAHMS-317
Mar 2013**

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.]*
- | | |
|---|--|
| <input type="checkbox"/> ₁ Appaloosa | <input type="checkbox"/> ₈ Standardbred |
| <input type="checkbox"/> ₂ Arabian | <input type="checkbox"/> ₉ Tennessee Walker |
| <input type="checkbox"/> ₃ Draft breed | <input type="checkbox"/> ₁₀ Thoroughbred |
| <input type="checkbox"/> ₄ Morgan | <input type="checkbox"/> ₁₁ Quarter horse |
| <input type="checkbox"/> ₅ Mustang | <input type="checkbox"/> ₁₂ Warmblood breed |
| <input type="checkbox"/> ₆ Paint | <input type="checkbox"/> ₁₃ Other registered breed (specify: _____) |
| <input type="checkbox"/> ₇ Saddlebred | <input type="checkbox"/> 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
- | | |
|---|--|
| <input type="checkbox"/> ₁ Recreation/pleasure | <input type="checkbox"/> ₅ Racing |
| <input type="checkbox"/> ₂ Lessons/school | <input type="checkbox"/> ₆ Farm or ranch work |
| <input type="checkbox"/> ₃ Showing/competition | <input type="checkbox"/> ₇ Other (specify: _____) |
| <input type="checkbox"/> 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 exercise¹ in the 30 days prior to February 15, 2013? *[Check only one.]*
C106
- ₁ Light
 - ₂ Moderate
 - ₃ Heavy
 - ₄ Very heavy

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.

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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: _____) C110TH C110

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

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

Product Name	Amount fed per feeding		Number of times per day	In months, time on product
	Amount	Unit type		
<i>Example: Platinum performance CJ</i>	1	<input type="checkbox"/> 1 Ounce(s) <input checked="" type="checkbox"/> 2 Scoop(s) <input type="checkbox"/> 3 IU(s) <input type="checkbox"/> 4 ML(s) <input type="checkbox"/> 5 Other (specify)	<input checked="" type="checkbox"/> 1 Once a day <input type="checkbox"/> 2 Twice a day <input type="checkbox"/> 3 Other (specify)	15 months
		<input type="checkbox"/> 1 Ounce(s) <input type="checkbox"/> 2 Scoop(s) <input type="checkbox"/> 3 IU(s) <input type="checkbox"/> 4 ML(s) <input type="checkbox"/> 5 Other (specify)	<input type="checkbox"/> 1 Once a day <input type="checkbox"/> 2 Twice a day <input type="checkbox"/> 3 Other (specify)	
		<input type="checkbox"/> 1 Ounce(s) <input type="checkbox"/> 2 Scoop(s) <input type="checkbox"/> 3 IU(s) <input type="checkbox"/> 4 ML(s) <input type="checkbox"/> 5 Other (specify)	<input type="checkbox"/> 1 Once a day <input type="checkbox"/> 2 Twice a day <input type="checkbox"/> 3 Other (specify)	
		<input type="checkbox"/> 1 Ounce(s) <input type="checkbox"/> 2 Scoop(s) <input type="checkbox"/> 3 IU(s) <input type="checkbox"/> 4 ML(s) <input type="checkbox"/> 5 Other (specify)	<input type="checkbox"/> 1 Once a day <input type="checkbox"/> 2 Twice a day <input type="checkbox"/> 3 Other (specify)	
		<input type="checkbox"/> 1 Ounce(s) <input type="checkbox"/> 2 Scoop(s) <input type="checkbox"/> 3 IU(s) <input type="checkbox"/> 4 ML(s) <input type="checkbox"/> 5 Other (specify)	<input type="checkbox"/> 1 Once a day <input type="checkbox"/> 2 Twice a day <input type="checkbox"/> 3 Other (specify)	
		<input type="checkbox"/> 1 Ounce(s) <input type="checkbox"/> 2 Scoop(s) <input type="checkbox"/> 3 IU(s) <input type="checkbox"/> 4 ML(s) <input type="checkbox"/> 5 Other (specify)	<input type="checkbox"/> 1 Once a day <input type="checkbox"/> 2 Twice a day <input type="checkbox"/> 3 Other (specify)	

9. Did this horse commingle with other horses outside of its herdmates between February 1 and February 15, 2013? Yes 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:

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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

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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

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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 _____

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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.]*

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

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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
	<input type="checkbox"/> ₁ Nasal swab <input type="checkbox"/> ₂ Whole blood <input type="checkbox"/> ₃ Serum <input type="checkbox"/> ₄ CSF	<input type="checkbox"/> ₁ PCR <input type="checkbox"/> ₂ Virus isolation <input type="checkbox"/> ₃ Unknown <input type="checkbox"/> ₄ Other (specify)		<input type="checkbox"/> ₁ Positive <input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₁ Other (specify)	<input type="checkbox"/> ₁ Neuropathogenic POS <input type="checkbox"/> ₂ Neuropathogenic NEG <input type="checkbox"/> ₃ Non-neuropath/wild type POS <input type="checkbox"/> ₄ Non-neuropath/wild type NEG <input type="checkbox"/> ₅ Virus typing not done
	<input type="checkbox"/> ₁ Nasal swab <input type="checkbox"/> ₂ Whole blood <input type="checkbox"/> ₃ Serum <input type="checkbox"/> ₄ CSF	<input type="checkbox"/> ₁ PCR <input type="checkbox"/> ₂ Virus isolation <input type="checkbox"/> ₃ Unknown <input type="checkbox"/> ₄ Other (specify)		<input type="checkbox"/> ₁ Positive <input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₁ Other (specify)	<input type="checkbox"/> ₁ Neuropathogenic POS <input type="checkbox"/> ₂ Neuropathogenic NEG <input type="checkbox"/> ₃ Non-neuropath/wild type POS <input type="checkbox"/> ₄ Non-neuropath/wild type NEG <input type="checkbox"/> ₅ Virus typing not done
	<input type="checkbox"/> ₁ Nasal swab <input type="checkbox"/> ₂ Whole blood <input type="checkbox"/> ₃ Serum <input type="checkbox"/> ₄ CSF	<input type="checkbox"/> ₁ PCR <input type="checkbox"/> ₂ Virus isolation <input type="checkbox"/> ₃ Unknown <input type="checkbox"/> ₄ Other (specify)		<input type="checkbox"/> ₁ Positive <input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₁ Other (specify)	<input type="checkbox"/> ₁ Neuropathogenic POS <input type="checkbox"/> ₂ Neuropathogenic NEG <input type="checkbox"/> ₃ Non-neuropath/wild type POS <input type="checkbox"/> ₄ Non-neuropath/wild type NEG <input type="checkbox"/> ₅ Virus typing not done
	<input type="checkbox"/> ₁ Nasal swab <input type="checkbox"/> ₂ Whole blood <input type="checkbox"/> ₃ Serum <input type="checkbox"/> ₄ CSF	<input type="checkbox"/> ₁ PCR <input type="checkbox"/> ₂ Virus isolation <input type="checkbox"/> ₃ Unknown <input type="checkbox"/> ₄ Other (specify)		<input type="checkbox"/> ₁ Positive <input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₁ Other (specify)	<input type="checkbox"/> ₁ Neuropathogenic POS <input type="checkbox"/> ₂ Neuropathogenic NEG <input type="checkbox"/> ₃ Non-neuropath/wild type POS <input type="checkbox"/> ₄ Non-neuropath/wild type NEG <input type="checkbox"/> ₅ Virus typing not done
	<input type="checkbox"/> ₁ Nasal swab <input type="checkbox"/> ₂ Whole blood <input type="checkbox"/> ₃ Serum <input type="checkbox"/> ₄ CSF	<input type="checkbox"/> ₁ PCR <input type="checkbox"/> ₂ Virus isolation <input type="checkbox"/> ₃ Unknown <input type="checkbox"/> ₄ Other (specify)		<input type="checkbox"/> ₁ Positive <input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₁ Other (specify)	<input type="checkbox"/> ₁ Neuropathogenic POS <input type="checkbox"/> ₂ Neuropathogenic NEG <input type="checkbox"/> ₃ Non-neuropath/wild type POS <input type="checkbox"/> ₄ Non-neuropath/wild type NEG <input type="checkbox"/> ₅ Virus typing not done
	<input type="checkbox"/> ₁ Nasal swab <input type="checkbox"/> ₂ Whole blood <input type="checkbox"/> ₃ Serum <input type="checkbox"/> ₄ CSF	<input type="checkbox"/> ₁ PCR <input type="checkbox"/> ₂ Virus isolation <input type="checkbox"/> ₃ Unknown <input type="checkbox"/> ₄ Other (specify)		<input type="checkbox"/> ₁ Positive <input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₁ Other (specify)	<input type="checkbox"/> ₁ Neuropathogenic POS <input type="checkbox"/> ₂ Neuropathogenic NEG <input type="checkbox"/> ₃ Non-neuropath/wild type POS <input type="checkbox"/> ₄ Non-neuropath/wild type NEG <input type="checkbox"/> ₅ Virus typing not done
	<input type="checkbox"/> ₁ Nasal swab <input type="checkbox"/> ₂ Whole blood <input type="checkbox"/> ₃ Serum <input type="checkbox"/> ₄ CSF	<input type="checkbox"/> ₁ PCR <input type="checkbox"/> ₂ Virus isolation <input type="checkbox"/> ₃ Unknown <input type="checkbox"/> ₄ Other (specify)		<input type="checkbox"/> ₁ Positive <input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₁ Other (specify)	<input type="checkbox"/> ₁ Neuropathogenic POS <input type="checkbox"/> ₂ Neuropathogenic NEG <input type="checkbox"/> ₃ Non-neuropath/wild type POS <input type="checkbox"/> ₄ Non-neuropath/wild type NEG <input type="checkbox"/> ₅ Virus typing not done
	<input type="checkbox"/> ₁ Nasal swab <input type="checkbox"/> ₂ Whole blood <input type="checkbox"/> ₃ Serum <input type="checkbox"/> ₄ CSF	<input type="checkbox"/> ₁ PCR <input type="checkbox"/> ₂ Virus isolation <input type="checkbox"/> ₃ Unknown <input type="checkbox"/> ₄ Other (specify)		<input type="checkbox"/> ₁ Positive <input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₁ Other (specify)	<input type="checkbox"/> ₁ Neuropathogenic POS <input type="checkbox"/> ₂ Neuropathogenic NEG <input type="checkbox"/> ₃ Non-neuropath/wild type POS <input type="checkbox"/> ₄ Non-neuropath/wild type NEG <input type="checkbox"/> 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 (DNA_{pol} [ORF30] variants carrying the D₇₅₂ marker)
- Non-neuropathogenic/wild type (DNA_{pol} [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.**

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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

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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