



Animal and  
Plant Health  
Inspection  
Service

Veterinary  
Services

# Equine 2015 General Equine Management Questionnaire



National Animal Health  
Monitoring System

2150 Centre Ave Bldg B  
Fort Collins, CO 80526

Form Approved  
OMB Number 0579-0269  
EXP. DATE: XX/20XX

## INTRODUCTION

### Beginning time [military] \_\_\_\_\_

1. What do you consider to be the **primary** function of this operation?
  - <sub>1</sub> Equine boarding stable/training
  - <sub>2</sub> Riding stable (give lessons, rent equids, etc.)
  - <sub>3</sub> Race track
  - <sub>4</sub> Equine breeding farm
  - <sub>5</sub> Guest ranch
  - <sub>6</sub> Farm or ranch
  - <sub>7</sub> Residence with equids for personal use (show, pleasure, etc.)
  - <sub>8</sub> Other (specify: \_\_\_\_\_)

Now I have some questions about all the equids, regardless of ownership, that were on this operation on July 1, 2015.

## Section A—Equine Inventory

1. What do you consider the **primary** use of the equids on this operation (regardless of ownership) on **July 1, 2015**?
  - <sub>1</sub> Pleasure
  - <sub>2</sub> Lessons/school
  - <sub>3</sub> Showing/competition (not betting)
  - <sub>4</sub> Breeding
  - <sub>5</sub> Racing
  - <sub>6</sub> Farm or ranch work
  - <sub>7</sub> Other (specify: \_\_\_\_\_)

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 0579-0269. 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-331  
Aug 2014**

**The next several questions relate to equids that are considered “residents” of this operation.** A resident equid is one that has spent, or is expected to spend, more time at this operation than at any other operation throughout the year. In other words, this operation may be considered the animal’s “home base.” Resident equids will be referred to throughout this questionnaire.

2. How many of the following equids, including foals, were considered residents of this operation as of **July 1, 2015** (whether or not they were present on the operation that day)?
  - a. Donkeys or burros..... \_\_\_\_\_
  - b. Mules..... \_\_\_\_\_
  - c. Ponies..... \_\_\_\_\_
  - d. Miniature horses..... \_\_\_\_\_
  - e. Horses (excluding miniature horses)..... \_\_\_\_\_
  - f. Other resident equids (specify: \_\_\_\_\_)..... \_\_\_\_\_
  - g. Total [Add items 2a–2f.]..... \_\_\_\_\_

**[If item 2g = 0, SKIP to Office Use Only section.]**

3. As of July 1, 2015, how many resident equids were:
  - a. Birth to 30 days of age?..... \_\_\_\_\_
  - b. Greater than 30 days but less than 6 months of age?..... \_\_\_\_\_
  - c. 6 months to less than 1 year of age?..... \_\_\_\_\_
  - d. 1 year to less than 5 years of age?..... \_\_\_\_\_
  - e. 5 years to less than 20 years of age?..... \_\_\_\_\_
  - f. 20 years to less than 30 years of age?..... \_\_\_\_\_
  - g. 30 years of age or older?..... \_\_\_\_\_
  - h. Total number of equids [Add items 3a–3g; should equal item 2g.]..... \_\_\_\_\_
  
4. As of July 1, 2015, how many resident equids **1 year of age or older** were:
  - a. Intact males?..... \_\_\_\_\_
  - b. Castrated males?..... \_\_\_\_\_
  - c. Intact females (not pregnant)?..... \_\_\_\_\_
  - d. Pregnant females?..... \_\_\_\_\_
  - e. Spayed females?..... \_\_\_\_\_
  - f. Unknown status?..... \_\_\_\_\_
  - g. Total [Add items 4a–4f. Should equal total of items 3d–3g.]..... \_\_\_\_\_
  
5. As of July 1, 2015, considering the breed of resident **horses** (items 2d and 2e), how many were:
  - a. Appaloosa?..... \_\_\_\_\_
  - b. Arabian?..... \_\_\_\_\_
  - c. Draft breed?..... \_\_\_\_\_
  - d. Miniature horses?..... \_\_\_\_\_
  - e. Morgan?..... \_\_\_\_\_
  - f. Mustang?..... \_\_\_\_\_
  - g. Paint?..... \_\_\_\_\_

- h. Saddlebred?..... \_\_\_\_\_
- i. Standardbred?..... \_\_\_\_\_
- j. Tennessee Walker?..... \_\_\_\_\_
- k. Thoroughbred?..... \_\_\_\_\_
- l. Quarter horse?..... \_\_\_\_\_
- m. Warmblood breed?..... \_\_\_\_\_
- n. Other registered breed? (specify: \_\_\_\_\_)..... \_\_\_\_\_
- o. Other, not registered with any breed association  
(e.g., grade or mixed breed? (specify: \_\_\_\_\_))..... \_\_\_\_\_
- p. Total [Add items 5a–5o; should equal items 2d+2e.]..... \_\_\_\_\_
6. How many of the resident equids (item 2g) have the following identification methods:
- a. Hot-iron brand?..... \_\_\_\_\_
- b. Freeze brand?..... \_\_\_\_\_
- c. Microchip?..... \_\_\_\_\_
- d. Tattoo?..... \_\_\_\_\_
- e. Official brand inspection (card with markings indicated or sketch)?..... \_\_\_\_\_
- f. Registration papers?..... \_\_\_\_\_
- g. DNA test (blood or hair)?..... \_\_\_\_\_
- h. Coggins (EIA) test papers (laboratory test results)?..... \_\_\_\_\_
- i. Halters or collars with name or number?..... \_\_\_\_\_
- j. Passport?..... \_\_\_\_\_
- k. Other ID? (specify: \_\_\_\_\_)..... \_\_\_\_\_
7. Do you have or have you applied for:
- a. USDA–APHIS premises identification number?..... <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> Don't know
- b. State-issued location identification number..... <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> Don't know
8. Are you or a member of your household a member of a horse-related association or club (e.g., breed or discipline association, riding club, 4-H)?..... <sub>1</sub> Yes <sub>3</sub> No

## Section B—Health Management

---

1. Which of the following is the **primary** method of recording equine health information on this operation? [Select one only.]
- <sub>1</sub> Computerized health records maintained on the operation
- <sub>2</sub> Handwritten in designated log or file (e.g., health card, logbook)
- <sub>3</sub> Handwritten notes (e.g., calendar, checkbook)
- <sub>4</sub> Operation records maintained by veterinarian
- <sub>5</sub> No written or computerized records
- [If item 1 = 2, 3, 4, or 5, SKIP to item 3.]**
2. Which of the following best describes how you operate your computerized

record system?

- <sub>1</sub> Enter own data in commercial equine health software
- <sub>2</sub> Commercial software maintained by external data manager
- <sub>3</sub> Enter data in self-generated equine record (e.g., Word, Excel)
- <sub>4</sub> Other (specify: \_\_\_\_\_)

3. Which of the following resources did you consult regarding equine **health care decisions** in the previous 12 months? [Check all that apply and **enter letter of the primary resource** according to frequency of use.].....

\_\_\_\_\_ Primary

- a. Veterinarian..... <sub>1</sub> Yes <sub>3</sub> No
- b. Equine nutritionist (other than veterinarian)..... <sub>1</sub> Yes <sub>3</sub> No
- c. Acupuncturist/chiropractor..... <sub>1</sub> Yes <sub>3</sub> No
- d. Equine dentist (other than veterinarian)..... <sub>1</sub> Yes <sub>3</sub> No
- e. Farrier..... <sub>1</sub> Yes <sub>3</sub> No
- f. Extension agents/university or vocational-agricultural personnel/4-H instructor..... <sub>1</sub> Yes <sub>3</sub> No
- g. Riding instructor/horse trainer..... <sub>1</sub> Yes <sub>3</sub> No
- h. Other horse owners..... <sub>1</sub> Yes <sub>3</sub> No
- i. Horse associations/meetings/newsletters..... <sub>1</sub> Yes <sub>3</sub> No
- j. Feed store or veterinary supply store personnel..... <sub>1</sub> Yes <sub>3</sub> No
- k. Radio/TV/newspaper..... <sub>1</sub> Yes <sub>3</sub> No
- l. Horse magazines/reference books..... <sub>1</sub> Yes <sub>3</sub> No
- m. Equine psychic..... <sub>1</sub> Yes <sub>3</sub> No
- n. Web/Internet..... <sub>1</sub> Yes <sub>3</sub> No
- o. Social media other than Web/Internet such as Twitter..... <sub>1</sub> Yes <sub>3</sub> No
- p. Other (specify: \_\_\_\_\_)..... <sub>1</sub> Yes <sub>3</sub> No

4. Did a veterinarian provide the following services at least once for resident equids in the previous 12 months?

- a. Individual animal diagnosis or treatment/surgery..... <sub>1</sub> Yes <sub>3</sub> No
- b. Reproductive services (e.g., ultrasound, semen collection, artificial insemination)..... <sub>1</sub> Yes <sub>3</sub> No
- c. Vaccination consultation or service..... <sub>1</sub> Yes <sub>3</sub> No
- d. Provide drugs or vaccines (not part of veterinarian visit)..... <sub>1</sub> Yes <sub>3</sub> No
- e. Deworming consultation or service..... <sub>1</sub> Yes <sub>3</sub> No
- f. Dentistry (e.g., floating teeth, removing teeth, filling teeth)..... <sub>1</sub> Yes <sub>3</sub> No
- g. Nutritional consultation..... <sub>1</sub> Yes <sub>3</sub> No
- h. Diagnostic services (individual or herd test, e.g., Coggins test)..... <sub>1</sub> Yes <sub>3</sub> No
- i. Health certificate..... <sub>1</sub> Yes <sub>3</sub> No
- j. Purchase or insurance examination..... <sub>1</sub> Yes <sub>3</sub> No
- k. Biosecurity assessment..... <sub>1</sub> Yes <sub>3</sub> No
- l. Other (specify: \_\_\_\_\_)..... <sub>1</sub> Yes <sub>3</sub> No

Codes for item 5
1 = Veterinarian
2 = Equine dentist (not veterinarian)
3 = Other (specify: _____ )
4 = No dental care provided

5. Which of the following best describes who was the **primary** equine dental care provider for resident equids in the previous 12 months and what was the typical cost for routine dental procedures per equid? \_\_\_\_\_ code \$ \_\_\_\_\_

Codes for items 6
1 = Operation personnel (including operator)
2 = Hired professional farrier
3 = Professional hoof trimmer (not farrier)
4 = Veterinarian
5 = Other outside person (specify: _____ )
6 = Not done

6. Regarding resident equine hoof care in the previous 12 months, who usually performed the following services and what was the typical cost per equid?

a. Hoof trimming?..... \_\_\_\_\_ code \$ \_\_\_\_\_

b. Routine shoeing?..... \_\_\_\_\_ code \$ \_\_\_\_\_

c. Corrective shoeing?..... \_\_\_\_\_ code \$ \_\_\_\_\_

7. Were any of the following tests performed for resident equids during the previous 12 months:

a. Fecal test for parasites?..... <sub>1</sub> Yes <sub>3</sub> No

b. Feed or pasture analysis?..... <sub>1</sub> Yes <sub>3</sub> No

c. Water analysis?..... <sub>1</sub> Yes <sub>3</sub> No

8. How many resident stallions were used for breeding in the previous 12 months?..... \_\_\_\_\_ #

**[If item 8 = 0, SKIP to item 12.]**

9. Who handles these stallions for breeding?

a. Owner..... <sub>1</sub> Yes <sub>3</sub> No

b. Farm manager..... <sub>1</sub> Yes <sub>3</sub> No

c. Regular farm veterinarian..... <sub>1</sub> Yes <sub>3</sub> No

d. Specialized breeding facility nonveterinarian..... <sub>1</sub> Yes <sub>3</sub> No

e. Specialized breeding facility veterinarian..... <sub>1</sub> Yes <sub>3</sub> No

10. Are stallions used for breeding via:

a. Live cover?..... <sub>1</sub> Yes <sub>3</sub> No

b. Semen collection?..... <sub>1</sub> Yes <sub>3</sub> No

**[If item 10b = No, SKIP to item 12.]**

11. When you use a stallion for semen collection:

a. Do you wear disposable gloves?..... <sub>1</sub> Yes <sub>3</sub> No

.....

b. When using a phantom for semen collection, is it sanitized

- or cover changed between stallions?..... <sub>1</sub> Yes <sub>3</sub> No <sub>4</sub> Do not use phantom
- c. Do you use dedicated AV or sanitize it between stallions?..... <sub>1</sub> Yes <sub>3</sub> No
- d. Do you use a disposable liner or sanitize the bucket used for washing the stallion between stallions?..... <sub>1</sub> Yes <sub>3</sub> No

12. Which of the following **best** describes how familiar you were with equine infectious anemia (EIA) before today? (This is the disease for which we do the Coggins test.)

- <sub>1</sub> Had not heard of it before
- <sub>2</sub> Recognized the name, not much else
- <sub>3</sub> Knew some basics
- <sub>4</sub> Knowledgeable

**[If item 12 = 1, SKIP to item 17.]**

13. Regarding Coggins or other tests for EIA, how many resident equids were tested for EIA during the previous 12 months?..... \_\_\_\_\_

**[If item 13 = 0, SKIP to item 17.]**

14. What was the average cost per EIA test (including call fee or cost of transportation)?..... \$ \_\_\_\_\_

15. Did resident equids have a Coggins test or other test for EIA during the previous 12 months for any of the following reasons?  
[Check all that apply.]

- a. Change of ownership within State..... <sub>1</sub> Yes <sub>3</sub> No
- b. Show or event requirement within State..... <sub>1</sub> Yes <sub>3</sub> No
- c. Facility (e.g., boarding, breeding) requirement within State..... <sub>1</sub> Yes <sub>3</sub> No
- d. Interstate movement (between two or more States)..... <sub>1</sub> Yes <sub>3</sub> No
- e. International movement..... <sub>1</sub> Yes <sub>3</sub> No
- f. For personal knowledge..... <sub>1</sub> Yes <sub>3</sub> No
- g. Suspicion of equine illness..... <sub>1</sub> Yes <sub>3</sub> No
- h. Requirement for riding on public land (State or Federal parks, etc.)..... <sub>1</sub> Yes <sub>3</sub> No
- i. Other (specify: \_\_\_\_\_)..... <sub>1</sub> Yes <sub>3</sub> No

16. Of the choices in item 15, what was the **primary** reason resident equids had a Coggins test or other test for EIA during the previous 12 months?  
[Enter one letter from item 15.]..... \_\_\_\_\_ letter

17. Were any vaccines administered to any resident equids during the previous 12 months?..... <sub>1</sub> Yes <sub>3</sub> No

**[If item 17 = No, SKIP to section C.]**

18. Which of the following is the **primary** source from which vaccines were obtained?

- <sub>1</sub> Veterinarian
- <sub>2</sub> Feed store or veterinary supply store
- <sub>3</sub> Catalog/Internet
- <sub>4</sub> Another source (specify: \_\_\_\_\_)

19. Who administered the **majority** of the vaccinations to resident equids in the previous 12 months? *[Select one only.]*

- <sub>1</sub> A veterinarian
- <sub>2</sub> Equine owner
- <sub>3</sub> Operation personnel (not equine owner)
- <sub>4</sub> Other (specify: \_\_\_\_\_)

---

### Section C—Health Events

---

1. How many equids were born alive, or were born dead or aborted, **on this operation** during the previous 12 months?

- a. Born alive..... \_\_\_\_\_
- b. Born dead or aborted..... \_\_\_\_\_

**[If item 1a = 0, SKIP to item 3.]**

2. How many of the foals born alive in the previous 12 months died (including euthanasia):

- a. At less than or equal to 2 days old?..... \_\_\_\_\_
- b. From 3 to 30 days old?..... \_\_\_\_\_

3. How many foals 30 days or less of age moved onto the operation during the previous 12 months?..... \_\_\_\_\_

**[If item 3 = 0, SKIP to item 4.]**

- a. How many of these foals died before or at 30 days of age?..... \_\_\_\_\_

4. *[Add items 2a, 2b, and 3a.]* Then the total number of foal deaths in the first 30 days of life during the previous 12 months was:..... \_\_\_\_\_

5. During the previous 12 months, did you have any resident foals **less than 6 months of age**?..... <sub>1</sub> Yes <sub>3</sub> No

**[If item 5 = No, SKIP to item 7.]**

6. How many **different** resident equids **less than 6 months of age** became affected with the following conditions during the previous 12 months, and of those affected how many received an oral or injectable antibiotic at least once? An antibiotic is a drug used to treat a bacterial infection. It can be given by multiple methods—oral; injection into a muscle, vein or joint. How many with each condition died (including euthanasia)?

*[Note: Record number of animals with condition, not number of episodes. One equid could have more than one condition. For example, could have had colic and respiratory disease in the previous 12 months.]*

	<b>Of these:</b>		
	<b>Number of equids</b>	<b>Number that received an oral or injectable antibiotic at least once</b>	<b>Number that died</b>
a. Colic	_____	_____	_____
b. Other digestive problems (e.g., diarrhea)	_____	_____	_____
c. Respiratory problems	_____	_____	_____
d. Eye problems	_____	_____	_____
e. Skin problems	_____	_____	_____
f. Reproductive problems (e.g., hermaphrodite, cryptorchid)	_____	_____	_____
g. Behavioral problems (e.g., unusual, affected use, health, or safety)	_____	_____	_____
h. Injury, wounds, or trauma	_____	_____	_____
i. Lameness, leg, or hoof problems (could not be used for intended purpose without treatment)	_____	_____	_____
j. Neurologic problems (e.g., spinal problem, wobblers, seizure, West Nile virus, EHM, EPM)	_____	_____	_____
k. Infectious disease unrelated to specific body system (septicemia, blood infections)	_____	_____	_____
l. Chronic weight loss	_____	_____	_____
m. Overweight/obese	_____	_____	_____
n. Failure to get milk or colostrum from dam	_____	_____	_____
o. Fever of undetermined origin	_____	_____	_____
p. Other (specify: _____)	_____	_____	_____
q. Treated with antibiotic to prevent disease (no condition present)	_____	_____	_____
r. Total died.....	_____	_____	_____



7. In the previous 12 months, did you have any resident equids **6 months to less than 1 year of age**?..... <sub>1</sub> Yes <sub>3</sub> No

**[If item 7 = No, SKIP to item 9.]**

8. How many **different** resident equids **6 months to less than 1 year of age** became affected with the following conditions during the previous 12 months, and of those affected how many received an oral or injectable antibiotic at least once? An antibiotic is a drug used to treat a bacterial infection. It can be given by multiple methods—oral; injection into a muscle, vein or joint. Of those with the condition, how many died (including euthanasia)? *[Note: Record number of animals with condition, not number of episodes. One equid could have more than one condition. For example, could have had colic and respiratory disease in the previous 12 months.]*

	Of these:		
	Number of equids	Number that received an oral or injectable antibiotic at least once	Number that died
a. Colic	_____	_____	_____
b. Other digestive problems (e.g., diarrhea)	_____	_____	_____
c. Respiratory problems	_____	_____	_____
d. Eye problems	_____	_____	_____
e. Skin problems	_____	_____	_____
f. Reproductive problems (e.g., hermaphrodite, cryptorchid)	_____	_____	_____
g. Behavioral problems (e.g., unusual, affected use, health, or safety)	_____	_____	_____
h. Injury, wounds, or trauma	_____	_____	_____
i. Lameness, leg, or hoof problems (could not be used for intended purpose without treatment)	_____	_____	_____
j. Neurologic problems (e.g., spinal problem, wobblers, seizure, West Nile virus, EHM, EPM)	_____	_____	_____
k. Infectious disease unrelated to specific body system (septicemia, blood infections)	_____	_____	_____
l. Chronic weight loss	_____	_____	_____
m. Overweight/obese	_____	_____	_____
n. Liver or kidney disease	_____	_____	_____
o. Fever of undetermined origin	_____	_____	_____
p. Other (specify: _____)	_____	_____	_____
q. Treated with antibiotic to prevent disease (no condition present)	_____	_____	_____
r. Total died.....	_____	_____	_____

9. During the previous 12 months, did you have any resident equids **1 year to less than 5 years of age**?..... <sub>1</sub> Yes <sub>3</sub> No

**[If item 9 = 0, SKIP to item 11.]**

10. How many **different** resident equids **1 year to less than 5 years of age** became affected with the following conditions during the previous 12 months, and of those affected how many received an oral or injectable antibiotic at least once? An antibiotic is a drug used to treat a bacterial infection. It can be given by multiple methods—oral; injection into a muscle, vein or joint. Of those with the condition, how many died (including euthanasia)? *[Note: Record number of animals with condition, not number of episodes. One equid could have more than one condition. For example, could have had colic and respiratory disease in the previous 12 months.]*

**Of these:**

	<b>Number of equids</b>	<b>Number that received an oral or injectable antibiotic at least once</b>	<b>Number that died</b>
a. Colic	_____	_____	_____
b. Other digestive problems (e.g., diarrhea)	_____	_____	_____
c. Dental problems	_____	_____	_____
d. Respiratory problems	_____	_____	_____
e. Endocrine disorder (e.g., hypothyroid, Cushings)	_____	_____	_____
f. Eye problems	_____	_____	_____
g. Skin problems	_____	_____	_____
h. Reproductive problems (e.g., infertility, dystocia)	_____	_____	_____
i. Behavioral problems (e.g., unusual, affected use, health, or safety)	_____	_____	_____
j. Injury, wounds, or trauma	_____	_____	_____
k. Lameness, leg, or hoof problems (could not be used for intended purpose without treatment, including corrective shoeing and/or drugs)	_____	_____	_____
l. Neurologic problems (e.g., spinal problem, wobblers, seizure, West Nile virus, EHM, EPM)	_____	_____	_____
m. Infectious disease unrelated to specific body system (septicemia, blood infections)	_____	_____	_____
n. Chronic weight loss	_____	_____	_____
o. Overweight/obese	_____	_____	_____
p. Liver or kidney disease	_____	_____	_____
q. Cancer	_____	_____	_____
r. Fever of undetermined origin	_____	_____	_____
s. Other (specify: _____)	_____	_____	_____
t. Treated with antibiotic to prevent disease (no condition present)	_____	_____	_____
u. Total died.....	_____	_____	_____

11. During the previous 12 months, did you have any resident equids

5 years to less than 20 years of age?..... <sub>1</sub> Yes <sub>3</sub> No

[If item 11 = No, SKIP to item 13.]

12. How many **different** resident equids **5 years to less than 20 years of age** became affected with the following conditions during the previous 12 months, and of those affected how many received an oral or injectable antibiotic at least once? An antibiotic is a drug used to treat a bacterial infection. It can be given by multiple methods—oral; injection into a muscle, vein or joint. Of those with each condition, how many died (including euthanasia)? *[Note: Record number of animals with condition, not number of episodes. One equid could have more than one condition. For example, could have had colic and respiratory disease in the previous 12 months.]*

Of these:

	Number of equids	Number that received an oral or injectable antibiotic at least once	Number that died
a. Colic	_____	_____	_____
b. Other digestive problems (e.g., diarrhea)	_____	_____	_____
c. Dental problems	_____	_____	_____
d. Respiratory problems	_____	_____	_____
e. Endocrine disorder (e.g., hypothyroid, Cushings)	_____	_____	_____
f. Eye problems	_____	_____	_____
g. Skin problems	_____	_____	_____
h. Reproductive problems (e.g., infertility, dystocia)	_____	_____	_____
i. Behavioral problems (e.g., unusual, affected use, health, or safety)	_____	_____	_____
j. Injury, wounds, or trauma	_____	_____	_____
k. Lameness, leg, or hoof problems (could not be used for intended purpose without treatment, including corrective shoeing and/or drugs)	_____	_____	_____
l. Neurologic problems (e.g., spinal problem, wobblers, seizure, West Nile virus, EHM, EPM)	_____	_____	_____
m. Infectious disease unrelated to specific body system (septicemia, blood infections)	_____	_____	_____
n. Chronic weight loss	_____	_____	_____
o. Overweight/obese	_____	_____	_____
p. Liver or kidney disease	_____	_____	_____
q. Cancer	_____	_____	_____
r. Fever of undetermined origin	_____	_____	_____
s. Other (specify: _____)	_____	_____	_____
t. Treated with antibiotic to prevent disease (no condition present)	_____	_____	_____
u. Total died.....	_____	_____	_____

13. During the previous 12 months, did you have any resident equids **20 years of age or older**?..... <sub>1</sub> Yes <sub>3</sub> No

[If item 13 = No, SKIP to item 15.]

14. How many **different** resident equids **20 years or age or older** became affected with the following conditions during the previous 12 months, and of those affected how many received an oral or injectable antibiotic at least once? An antibiotic is a drug used to treat a bacterial infection. It can be given by multiple methods—oral; injection into a muscle, vein or joint. Of those with each condition, how many died (including euthanasia)? *[Note: Record number of animals with condition, not number of episodes. One equid could have more than one condition. For example, could have had colic and respiratory disease in the previous 12 months.]*

Of these:

	Number of equids	Number that received an oral or injectable antibiotic at least once	Number that died
a. Colic	_____	_____	_____
b. Other digestive problems (e.g., diarrhea)	_____	_____	_____
c. Dental problems	_____	_____	_____
d. Respiratory problems	_____	_____	_____
e. Endocrine disorder (e.g., hypothyroid, Cushings)	_____	_____	_____
f. Eye problems	_____	_____	_____
g. Skin problems	_____	_____	_____
h. Reproductive problems (e.g., infertility, dystocia)	_____	_____	_____
i. Behavioral problems (e.g., unusual, affected use, health, or safety)	_____	_____	_____
j. Injury, wounds, or trauma	_____	_____	_____
k. Lameness, leg, or hoof problems (could not be used for intended purpose without treatment, including corrective shoeing, drugs)	_____	_____	_____
l. Neurologic problems (e.g., spinal problem, wobblers, seizure, West Nile virus, EHM, EPM)	_____	_____	_____
m. Infectious disease unrelated to specific body system (septicemia, blood infections)	_____	_____	_____
n. Chronic weight loss	_____	_____	_____
o. Overweight/obese	_____	_____	_____
p. Liver or kidney disease	_____	_____	_____
q. Cancer	_____	_____	_____
r. Fever of undetermined origin	_____	_____	_____
s. Other (specify: _____)	_____	_____	_____
t. Treated with antibiotic to prevent disease (no condition present)	_____	_____	_____
u. Total died.....			_____

15. How many **different** resident equids of the following ages were treated with an oral or injectable antibiotic at least once during the previous 12 months?

a. Less than 6 months..... \_\_\_\_\_

- b. 6 months to less than 1 year..... \_\_\_\_\_
- c. 1 year to less than 5 years..... \_\_\_\_\_
- d. 5 years to less than 20 years..... \_\_\_\_\_
- e. 20 years or more..... \_\_\_\_\_

**Section D—Movement**

1. During the previous 12 months, how many **nonresident** equids came to the operation and stayed for less than 30 consecutive days?..... \_\_\_\_\_

**[If item 1 = 0, SKIP to item 3.]**

2. For the majority of these nonresident equids (item 1), did you (or this operation) always require, sometimes require, or never require:

	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
a. Official health certificate (CVI)?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Veterinary examination other than for official health certificates?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Coggins test (EIA test, swamp fever test)?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Vaccination within past year?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Deworming within past year?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Screening test for strangles or history of no occurrence in past 6 months?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. Other past medical history from owner?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. Quarantine prior to contact with resident equids?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. Anything else? (specify: _____).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

3. Did you add any new resident equids, including foals born to a nonresident mare, to this operation during the previous 12 months (excluding births to resident mares)?..... <sub>1</sub> Yes <sub>3</sub> No

**[If item 3 = No, SKIP to item 7.]**

4. How many resident equids were added?..... \_\_\_\_\_

5. How many of the equids added (item 4) came from:

- a. Within the State?..... \_\_\_\_\_
- b. Outside the State, within the United States?..... \_\_\_\_\_
- c. Canada?..... \_\_\_\_\_
- d. Mexico?..... \_\_\_\_\_
- e. Outside North America?..... \_\_\_\_\_
- f. Unknown location?..... \_\_\_\_\_
- g. Total [Add items 5a–5f; should equal item 4.]..... \_\_\_\_\_

6. For the **majority** of these new resident equids, did you (this operation) always require, sometimes require, or never require:

	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
a. Official health certificate (CVI)?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

- b. Veterinary examination other than for official health certificates?..... <sub>1</sub>      <sub>2</sub>      <sub>3</sub>
- c. Coggins test (EIA test, swamp fever test)?..... <sub>1</sub>      <sub>2</sub>      <sub>3</sub>
- d. Vaccination within past year?..... <sub>1</sub>      <sub>2</sub>      <sub>3</sub>
- e. Deworming within past year?..... <sub>1</sub>      <sub>2</sub>      <sub>3</sub>
- f. Screening test for strangles or history of no occurrence in past 6 months?..... <sub>1</sub>      <sub>2</sub>      <sub>3</sub>
- g. Other past medical history from owner?..... <sub>1</sub>      <sub>2</sub>      <sub>3</sub>
- h. Quarantine prior to contact with resident equids?..... <sub>1</sub>      <sub>2</sub>      <sub>3</sub>
- i. Anything else? (specify: \_\_\_\_\_)..... <sub>1</sub>      <sub>2</sub>      <sub>3</sub>

7. During the previous 12 months, were any residents equids transported by vehicle off this (home) operation for any purpose and returned?..... <sub>1</sub> Yes    <sub>3</sub> No

**[If item 7 = No, SKIP to item 10.]**

8. For resident equids that left and returned during the previous 12 months, what was the **maximum** one-way distance traveled (farthest away any animal got from the home operation)?..... \_\_\_\_\_ miles

9. For resident equids that were transported by vehicle **and returned**, approximately how many trips were taken in the last 12 months to each of the following destinations (regardless of number of equids transported per trip):
- a. Within the State?..... \_\_\_\_\_
  - b. Outside the State, to an adjacent State?..... \_\_\_\_\_
  - c. Outside the State, beyond adjacent States (including Alaska and Hawaii)?..... \_\_\_\_\_
  - d. Canada?..... \_\_\_\_\_
  - e. Mexico?..... \_\_\_\_\_
  - f. Outside North America?..... \_\_\_\_\_

10. For this question, the term “isolate” means to prevent nose-to-nose contact with other equids from this premises **and** to prevent sharing of feed, drinking water, and equipment, such as brushes, combs, hoof picks, and buckets, between equids. Which of the following **best** describes the operation’s general policy when **resident** equids leave the operation, have direct contact with outside equids, and return? *[Select one only.]*
- <sub>1</sub> Resident equids never leave premises or never have contact with outside equids
  - <sub>2</sub> Routinely isolate after return to home operation
  - <sub>3</sub> Only isolate for a cause such as disease or known exposure to disease
  - <sub>4</sub> Routinely isolate before return to home operation
  - <sub>5</sub> Never isolate returning equids
11. Do you separate or isolate equids that are suspected or confirmed to have a contagious disease?      <sub>1</sub> Yes    <sub>3</sub> No    <sub>4</sub> NA—never had contagious disease case

**[If item 11 = No or NA, SKIP to item 13.]**

12. If you have equids separated for isolation or infection control, do you restrict movement of personnel working with isolated animals?..... <sub>1</sub> Yes    <sub>3</sub> No
13. In the previous 5 years, have you obtained the following equine health papers:
- a. Health certificate (certificate of veterinary inspection)?..... <sub>1</sub> Yes    <sub>3</sub> No
  - b. Coggins or other EIA test (swamp fever test)?..... <sub>1</sub> Yes    <sub>3</sub> No

**[If items 13a and 13b BOTH = No, SKIP to item 15.]**

14. Have you been asked for your equids’ health papers (health certificate, Coggins test) in the previous 5 years?
- a. At a State border/entry point..... <sub>1</sub> Yes    <sub>3</sub> No    <sub>4</sub> NA
  - b. For international transport..... <sub>1</sub> Yes    <sub>3</sub> No    <sub>4</sub> NA
  - c. At a show/event..... <sub>1</sub> Yes    <sub>3</sub> No    <sub>4</sub> NA
  - d. At a sale..... <sub>1</sub> Yes    <sub>3</sub> No    <sub>4</sub> NA
  - e. At a private farm/facility..... <sub>1</sub> Yes    <sub>3</sub> No    <sub>4</sub> NA
  - f. At a race track..... <sub>1</sub> Yes    <sub>3</sub> No    <sub>4</sub> NA
  - g. Other (specify: \_\_\_\_\_)..... <sub>1</sub> Yes    <sub>3</sub> No    <sub>4</sub> NA
15. In the previous 12 months, did any resident equids leave this operation permanently?..... <sub>1</sub> Yes    <sub>3</sub> No

**[If item 15 = No, SKIP to section E.]**

16. How many equids left this operation permanently for the following disposition:
- a. Sold directly to a private party?..... \_\_\_\_\_
  - b. Given away to a private party?..... \_\_\_\_\_
  - c. Donated to charity/research?..... \_\_\_\_\_
  - d. Sold at public auction?..... \_\_\_\_\_
  - e. Sent to slaughter through livestock sales broker?..... \_\_\_\_\_

- f. Stolen?..... \_\_\_\_\_
  - g. Moved to another facility?..... \_\_\_\_\_
  - h. Removed for other reasons? (specify: \_\_\_\_\_)..... \_\_\_\_\_
  - i. Total [Add items 16a–16h.]..... \_\_\_\_\_
17. How many of those resident equids that permanently left (item 16i) left for the following reasons:
- a. Business profit?..... \_\_\_\_\_
  - b. Aged?..... \_\_\_\_\_
  - c. Lameness/injury?..... \_\_\_\_\_
  - d. Reproductive problem?..... \_\_\_\_\_
  - e. Other illness?..... \_\_\_\_\_
  - f. Temperament problem?..... \_\_\_\_\_
  - g. Too expensive to keep?..... \_\_\_\_\_
  - h. Situation changed (owner or children moved, owner illness, boarder decided to move horse, etc.)?..... \_\_\_\_\_
  - i. Other (specify: \_\_\_\_\_)..... \_\_\_\_\_
  - j. Total [Add items 17a–17i; total should equal item 16i.]..... \_\_\_\_\_

---

### Section E—General Management

---

1. For infection control, did you ever require people (visitor, veterinarian, farrier, etc.) coming onto the equine facility to do any of the following:
- a. Use separate or disinfected equipment/tack?..... <sub>1</sub> Yes <sub>3</sub> No
  - b. Change clothes or wear clean coveralls?..... <sub>1</sub> Yes <sub>3</sub> No
  - c. Disinfect or change boots?..... <sub>1</sub> Yes <sub>3</sub> No
  - d. Clean and disinfect their hands?..... <sub>1</sub> Yes <sub>3</sub> No
  - e. Park vehicles away from animal area?..... <sub>1</sub> Yes <sub>3</sub> No
  - f. Other? (specify: \_\_\_\_\_)..... <sub>1</sub> Yes <sub>3</sub> No
2. After you or your operation personnel visit other equine operation(s), do you:
- a. Disinfect equipment/tack?..... <sub>1</sub> Yes <sub>3</sub> No
  - b. Change clothes or wear clean coveralls?..... <sub>1</sub> Yes <sub>3</sub> No
  - c. Disinfect or change boots?..... <sub>1</sub> Yes <sub>3</sub> No
  - d. Clean and disinfect hands?..... <sub>1</sub> Yes <sub>3</sub> No
  - e. Other? (specify: \_\_\_\_\_)..... <sub>1</sub> Yes <sub>3</sub> No



3. During the previous 12 months, did the following animals have physical contact with resident equids or their feed:
- a. Poultry?..... <sub>1</sub> Yes <sub>3</sub> No
  - b. Domestic pigs?..... <sub>1</sub> Yes <sub>3</sub> No
  - c. Cattle?..... <sub>1</sub> Yes <sub>3</sub> No
  - d. Sheep/goats?..... <sub>1</sub> Yes <sub>3</sub> No
  - e. Llamas or alpacas?..... <sub>1</sub> Yes <sub>3</sub> No
  - f. Emus/ostriches?..... <sub>1</sub> Yes <sub>3</sub> No
  - g. Dogs?..... <sub>1</sub> Yes <sub>3</sub> No
  - h. Cats?..... <sub>1</sub> Yes <sub>3</sub> No
  - i. Skunks?..... <sub>1</sub> Yes <sub>3</sub> No
  - j. Opossums?..... <sub>1</sub> Yes <sub>3</sub> No
  - k. Bats?..... <sub>1</sub> Yes <sub>3</sub> No
  - l. Raccoons?..... <sub>1</sub> Yes <sub>3</sub> No
  - m. Feral swine?..... <sub>1</sub> Yes <sub>3</sub> No
  - n. Other? (specify: \_\_\_\_\_)..... <sub>1</sub> Yes <sub>3</sub> No
4. Do you store the grain/concentrate/energy source on this operation in a manner that **prevents** fecal contamination by:
- a. Mice or rats?..... <sub>1</sub> Yes <sub>3</sub> No
  - b. Domestic or wild birds, including poultry?..... <sub>1</sub> Yes <sub>3</sub> No
  - c. Domestic livestock, including equids?..... <sub>1</sub> Yes <sub>3</sub> No
  - d. Dogs or cats?..... <sub>1</sub> Yes <sub>3</sub> No
  - e. Other wildlife?..... <sub>1</sub> Yes <sub>3</sub> No
5. Which of the following was the **predominant** source of drinking water for resident equids during the previous 12 months? *[Select one only.]*
- <sub>1</sub> Well
  - <sub>2</sub> Public/municipal water supply
  - <sub>3</sub> Spring
  - <sub>4</sub> Surface water, such as a pond, irrigation ditch, stream, river, or cistern
  - <sub>5</sub> Other (specify: \_\_\_\_\_)
6. During this insect season, have any of the following insect control methods been used?
- a. Repellents applied to equids..... <sub>1</sub> Yes <sub>3</sub> No
  - b. Insecticides applied in or near equine housing area..... <sub>1</sub> Yes <sub>3</sub> No
  - c. Insecticides applied to pasture areas..... <sub>1</sub> Yes <sub>3</sub> No
  - d. Regional control program, such as aerial spraying..... <sub>1</sub> Yes <sub>3</sub> No
  - e. Sticky tape..... <sub>1</sub> Yes <sub>3</sub> No
  - f. Bug zapper..... <sub>1</sub> Yes <sub>3</sub> No
  - g. Fly predators specifically brought onto the operation..... <sub>1</sub> Yes <sub>3</sub> No
  - h. Face masks on equids..... <sub>1</sub> Yes <sub>3</sub> No
  - i. Fly sheets on equids..... <sub>1</sub> Yes <sub>3</sub> No

- j. Fly tags attached to equine halters..... <sub>1</sub> Yes <sub>3</sub> No
- k. Insect control product in feed, such as using Equitrol®..... <sub>1</sub> Yes <sub>3</sub> No
- l. Mosquito treatment in drinking water (mosquito dunks)..... <sub>1</sub> Yes <sub>3</sub> No
- m. Water container emptied and refilled with fresh water at least weekly..... <sub>1</sub> Yes <sub>3</sub> No
- n. Frequent removal of weeds and/or manure from premises..... <sub>1</sub> Yes <sub>3</sub> No
- o. Screened-in stalls..... <sub>1</sub> Yes <sub>3</sub> No
- p. Insect traps..... <sub>1</sub> Yes <sub>3</sub> No
- q. Other (specify: \_\_\_\_\_)..... <sub>1</sub> Yes <sub>3</sub> No
7. Did you compost equine manure on this operation in the previous 12 months?..... <sub>1</sub> Yes <sub>3</sub> No
8. Which of the following disposal methods for manure (including composted manure) and/or waste bedding were used on this operation during the previous 12 months?
- a. Routine garbage pickup..... <sub>1</sub> Yes <sub>3</sub> No
- b. Hauled to landfill (not routine garbage pickup)..... <sub>1</sub> Yes <sub>3</sub> No
- c. Hauled away, other than to a landfill..... <sub>1</sub> Yes <sub>3</sub> No
- d. Applied on fields on the operation where any livestock (including equids) graze..... <sub>1</sub> Yes <sub>3</sub> No
- e. Applied on field on the operation where no livestock graze..... <sub>1</sub> Yes <sub>3</sub> No
- f. Manure/waste bedding allowed to accumulate or left to nature..... <sub>1</sub> Yes <sub>3</sub> No
- g. Sold or gave away..... <sub>1</sub> Yes <sub>3</sub> No
- h. Other (specify: \_\_\_\_\_)..... <sub>1</sub> Yes <sub>3</sub> No

## Section F—Office Use

---

1. Enter interview response code:

- <sub>1</sub> Out of business
- <sub>2</sub> Refusal
- <sub>3</sub> Complete
- <sub>4</sub> Partial refusal
- <sub>5</sub> Inaccessible
- <sub>6</sub> Out of scope
- <sub>7</sub> No resident equids on July 1

2. Enumerator note: If item 1 = 2 or 4, check the box below that best explains the reason for refusal.

- <sub>1</sub> Does not want to commit time
- <sub>2</sub> Does not have necessary records available
- <sub>3</sub> Has participated in too many surveys
- <sub>4</sub> A bad time of year (time-consuming horse activities, second job, etc.)
- <sub>5</sub> Believes that this survey hurts the operator more than it helps
- <sub>6</sub> No reason given, or other miscellaneous reasons

3. Did respondent use any of the following to answer health questions?

- |                                   |   |  |
|-----------------------------------|---|--|
| a. Records.....                   | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
| b. Memory.....                    | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
| c. Checked with veterinarian..... | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |