



Animal and Plant  
Health Inspection  
Service

Veterinary  
Services

# NAHMS Equine 2015

## BLOOD Instructions and Data Collection Record



National Animal Health  
Monitoring System

2150 Centre Ave, Bldg B  
Fort Collins, CO 80526

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

### Instructions

1. Collect samples from **resident equids** only and based on the following criteria:

# resident equids	# equids to sample
Fewer than 10	All
10–19	10
20–49	15
50 or more	20

2. Randomly select equids that represent the resident equine inventory on the premises in terms of age, sex, breed, and use. Include foals and stallions.
3. Wipe the venopuncture site with alcohol before taking the sample. Wear clean gloves for each horse.
4. Write the farm ID, horse name/unique ID, and sample number on the label and place it lengthwise on the tube. Complete the attached data collection record.
5. Shipping samples: Keep samples cool and ship overnight on ice within 24 hours of collection using the enclosed FedEx Priority Overnight shipping label.
6. **Make sure kit number on form matches kit number on tubes.** Be sure to write State/operation# on **all** pages. Place the **yellow** and **pink** copies of the collection record on top of the styrofoam lid before closing the box. Send the white copy to your NAHMS Coordinator within 3 business days.

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 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**NAHMS-336  
JULY 2014**

## Reference codes for blood collection

### **G. Direct contact with other equids within last 30 days**

Direct physical contact with equids not resident to this premises. This includes the addition of new equids to the herd and through commingling with other equids on or off the premises, such as a horse show on or off the premises.

### **H.**

- 1 – Colic or other digestive
- 2 – Respiratory problems
- 3 – Behavioral problems (unusual demeanor affected use, health, or safety)
- 4 – Neurologic problems (incoordination, spinal problem, wobbler, seizures, West Nile virus, EHM, EPM)
- 5 – Lameness
- 6 – Infectious disease unrelated to specific body condition
- 7 – Fever (T>101.5°F in adult, T>102.5°F in foal)
- 8 – Abortion or fetal reabsorption
- 9 – Other (specify)

### **J & K. EHV-1 vaccination history**

Enter the dates and EHV product used for vaccination against EHV-1 (herpesvirus, also called rhino) in the previous 12 months. Enter **NA** if never vaccinated and **DK** if Don't know.

# Equine 2015 - Blood Collection Record

NAHMS ID #: \_\_\_\_\_

Blood Kit Number: \_\_\_\_\_

Collection date: \_\_\_\_\_

Collector name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Number of resident horses on the operation today: *(Check one.)*

\_\_\_\_\_ Fewer than 10 resident horses; collect samples from all  
 \_\_\_\_\_ 10–19 horses; collect 10 samples

\_\_\_\_\_ 20–49 horses; collect 15 samples  
 \_\_\_\_\_ 50+ horses; collect 20 samples

Total samples submitted: \_\_\_\_\_

Sample #	A. Animal name or unique ID	B. Age (months or years)	C. Gender code 1–5	D. Primary use code 1–6	E. Equid type code 1–6	F. Breed code 1–15	G. Direct contact w/nonresident equids w/in last 30 days	H. Has this equid had any health issues in last 30 days? (List all that apply. If none, enter 0.)	I. # EHV vacc in last 12 mo	J. What was the last date of EHV vacc	K. EHV vacc product (enter code)
		___ mo OR ___ yr					Yes <sub>1</sub> No <sub>3</sub>			___ / ___ mm / yy	
2		___ mo OR ___ yr					Yes <sub>1</sub> No <sub>3</sub>			___ / ___ mm / yy	
3		___ mo OR ___ yr					Yes <sub>1</sub> No <sub>3</sub>			___ / ___ mm / yy	
4		___ mo OR ___ yr					Yes <sub>1</sub> No <sub>3</sub>			___ / ___ mm / yy	
5		___ mo OR ___ yr					Yes <sub>1</sub> No <sub>3</sub>			___ / ___ mm / yy	
6		___ mo OR ___ yr					Yes <sub>1</sub> No <sub>3</sub>			___ / ___ mm / yy	
7		___ mo OR ___ yr					Yes <sub>1</sub> No <sub>3</sub>			___ / ___ mm / yy	
8		___ mo OR ___ yr					Yes <sub>1</sub> No <sub>3</sub>			___ / ___ mm / yy	
9		___ mo OR ___ yr					Yes <sub>1</sub> No <sub>3</sub>			___ / ___ mm / yy	
10		___ mo OR ___ yr					Yes <sub>1</sub> No <sub>3</sub>			___ / ___ mm / yy	

<b>Gender:</b> 1 – Intact male (stallion or colt) 2 – Castrated male (gelding) 3 – Nonpregnant female (mare or filly) 4 – Pregnant female 5 – Spayed female	<b>Primary use of horse:</b> (if young, intended use) 1 – Pleasure 2 – Show or competition 3 – Breeding 4 – Racing 5 – Farm/ranch work 6 – Other	<b>Equid type:</b> 1 – Horse 2 – Mule 3 – Donkey 4 – Pony 5 – Miniature horse 6 – Other	<b>Breed:</b> (if "other," specify within column) 1 – Appaloosa 2 – Arabian 3 – Draft breeds 4 – Miniature horse 5 – Morgan 6 – Mustang	7 – Paint 8 – Quarter horse 9 – Saddlebred 10 – Standardbred 11 – Tennessee Walker 12 – Thoroughbred	13 – Warmblood breeds 14 – Other registered breed (specify) 15 – Other nonregistered breed (specify)
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# Equine 2015 - Blood Collection Record

NAHMS ID #: \_\_\_\_\_

Blood Kit Number: \_\_\_\_\_

Collection date: \_\_\_\_\_

Collector name: \_\_\_\_\_


Phone number: \_\_\_\_\_

Collect 15 samples if there are 20 to 49 resident horses. Collect 20 samples if there are 50+ resident horses.



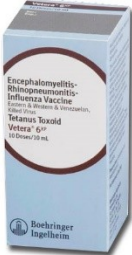


Sample #	A. Animal name or unique ID	B. Age (months or years)	C. Gender code 1-5	D. Primary use code 1-6	E. Equid type code 1-6	F. Breed code 1-15	G. Direct contact w/nonresident equids w/in last 30 days	H. Has this equid had any health issues in last 30 days? (List all that apply. If none, enter 0.)	I. # EHV vacc in last 12 mo	J. What was the last date of EHV vacc	K. EHV vacc product (enter code)
		___ mo OR ___ yr					Yes <sub>1</sub> No <sub>3</sub>			___ / ___ mm / yy	
12		___ mo OR ___ yr					Yes <sub>1</sub> No <sub>3</sub>			___ / ___ mm / yy	
13		___ mo OR ___ yr					Yes <sub>1</sub> No <sub>3</sub>			___ / ___ mm / yy	
14		___ mo OR ___ yr					Yes <sub>1</sub> No <sub>3</sub>			___ / ___ mm / yy	
15		___ mo OR ___ yr					Yes <sub>1</sub> No <sub>3</sub>			___ / ___ mm / yy	
16		___ mo OR ___ yr					Yes <sub>1</sub> No <sub>3</sub>			___ / ___ mm / yy	
17		___ mo OR ___ yr					Yes <sub>1</sub> No <sub>3</sub>			___ / ___ mm / yy	
18		___ mo OR ___ yr					Yes <sub>1</sub> No <sub>3</sub>			___ / ___ mm / yy	
19		___ mo OR ___ yr					Yes <sub>1</sub> No <sub>3</sub>			___ / ___ mm / yy	
20		___ mo OR ___ yr					Yes <sub>1</sub> No <sub>3</sub>			___ / ___ mm / yy	

<b>Gender:</b> 1 – Intact male (stallion or colt) 2 – Castrated male (gelding) 3 – Nonpregnant female (mare or filly) 4 – Pregnant female 5 – Spayed female	<b>Primary use of horse:</b> (if young, intended use) 1 – Pleasure 2 – Show or competition 3 – Breeding 4 – Racing 5 – Farm/ranch work 6 – Other	<b>Equid type:</b> 1 – Horse 2 – Mule 3 – Donkey 4 – Pony 5 – Miniature horse 6 – Other	<b>Breed:</b> (if "other," specify within column) 1 – Appaloosa 2 – Arabian 3 – Draft breeds 4 – Miniature horse 5 – Morgan 6 – Mustang	7 – Paint 8 – Quarter horse 9 – Saddlebred 10 – Standardbred 11 – Tennessee Walker 12 – Thoroughbred	13 – Warmblood breeds 14 – Other registered breed (specify) 15 – Other nonregistered breed (specify)
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## Equine 2015 - Blood Collection Record

Code	Est name	True name	Picture	Trade name	Route of admin
1	Boehringer Ingelheim	Equine Rhinopneumonitis-Influenza Vaccine, Killed Virus		Vetera 2xp	Intramuscular
2	Boehringer Ingelheim	Equine Rhinopneumonitis-Influenza Vaccine, Killed Virus		Calvenza-03 EIV/EHV	Intramuscular
3	Boehringer Ingelheim	Equine Rhinopneumonitis Vaccine, <b>Modified Live Virus</b>		Rhinomune	Intramuscular
4	Boehringer Ingelheim	Equine Rhinopneumonitis Vaccine, Killed Virus		Calvenza EHV	Intramuscular/ Intranasal
5	Boehringer Ingelheim	Equine Rhinopneumonitis Vaccine, Killed Virus		Vetera EHVxp-1, EHVxp-4	Intramuscular
6	Boehringer Ingelheim	Encephalomyelitis-Rhinopneumonitis-Influenza Vaccine, Eastern & Western, Killed Virus, Tetanus Toxoid		Vetera EWT + EIV/EHV	Intramuscular






## Equine 2015 - Blood Collection Record

Code	Est name	True name	Picture	Trade name	Route of admin
7	Boehringer Ingelheim	Encephalomyelitis-Rhinopneumonitis-Influenza Vaccine, Eastern & Western, Killed Virus, Tetanus Toxoid		Vetera 5xp	Intramuscular
8	Boehringer Ingelheim	Encephalomyelitis-Rhinopneumonitis-Influenza Vaccine, Eastern & Western & Venezuelan, Killed Virus, Tetanus Toxoid		Vetera VEWT + EIV/EHV	Intramuscular
9	Boehringer Ingelheim	Encephalomyelitis-Rhinopneumonitis-Influenza Vaccine, Eastern & Western & Venezuelan, Killed Virus, Tetanus Toxoid		Vetera 6xp	Intramuscular
10	Boehringer Ingelheim	Encephalomyelitis-Rhinopneumonitis-Influenza-West Nile Virus Vaccine, Eastern & Western, Killed Virus, Tetanus Toxoid		Vetera Gold	Intramuscular
11	Boehringer Ingelheim	Encephalomyelitis-Rhinopneumonitis-Influenza-West Nile Virus Vaccine, Eastern & Western, Killed Virus, Tetanus Toxoid		Vetera Goldxp	Intramuscular

## Equine 2015 - Blood Collection Record



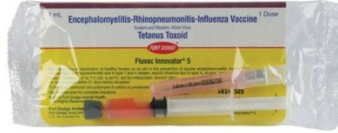


Code	Est name	True name	Picture	Trade name	Route of admin
12	Boehringer Ingelheim	Encephalomyelitis-Rhinopneumonitis-Influenza-West Nile Virus Vaccine, Eastern & Western & Venezuelan, Killed Virus, Tetanus Toxoid		Vetera Gold + VEE	Intramuscular
13	Boehringer Ingelheim	Encephalomyelitis-Rhinopneumonitis-Influenza-West Nile Virus Vaccine, Eastern & Western & Venezuelan, Killed Virus, Tetanus Toxoid		Vetera Goldxp + VEE	Intramuscular
14	Merck Animal Health	Equine Rhinopneumonitis-Influenza Vaccine, Killed Virus		Prestige II	Intramuscular
15	Merck Animal Health	Equine Rhinopneumonitis Vaccine, Killed Virus <b>Prevention of Abortion</b>		Prodigy with Havlogen	Intramuscular
16	Merck Animal Health	Equine Rhinopneumonitis Vaccine, Killed Virus		Prestige with Havlogen	Intramuscular

## Equine 2015 - Blood Collection Record

Code	Est name	True name	Picture	Trade name	Route of admin
17	Merck Animal Health	Encephalomyelitis-Rhinopneumonitis Vaccine, Eastern & Western, Killed Virus, Tetanus Toxoid		Prestige IV	Intramuscular
18	Merck Animal Health	Encephalomyelitis-Rhinopneumonitis-Influenza Vaccine, Eastern & Western, Killed Virus, Tetanus Toxoid		Prestige V with Havlogen	Intramuscular
19	Merck Animal Health	Encephalomyelitis-Rhinopneumonitis-Influenza Vaccine, Eastern & Western & Venezuelan, Killed Virus, Tetanus Toxoid		Prestige V + VEE	Intramuscular
20	Merck Animal Health	Encephalomyelitis-Rhinopneumonitis-Influenza-West Nile Virus Vaccine, Eastern & Western, Killed Virus, WNV		Prestige V+WNV with Havlogen	Intramuscular
21	Zoetis Inc.	Equine Rhinopneumonitis-Influenza Vaccine, Killed Virus		Fluvac Innovator EHV-4, EHV-1	Intramuscular



## Equine 2015 - Blood Collection Record

Code	Est name	True name	Picture	Trade name	Route of admin
22	Zoetis Inc	Equine Rhinopneumonitis Vaccine, Killed Virus <b>Prevention of Abortion</b>		Pneumabort-K+1b	Intramuscular
23	Zoetis Inc	Equine Rhinopneumonitis Vaccine, Killed Virus		EquiVac Innovator EHV-1, EHV-4	Intramuscular
24	Zoetis Inc	Encephalomyelitis-Rhinopneumonitis-Influenza Vaccine, Eastern & Western, Killed Virus, Tetanus Toxoid		Fluvac Innovator 5	Intramuscular
25	Zoetis Inc	Encephalomyelitis-Rhinopneumonitis-Influenza Vaccine, Eastern & Western & Venezuelan, Killed Virus, Tetanus Toxoid		Fluvac Innovator 6	Intramuscular
26	Zoetis Inc	Encephalomyelitis –West Nile Virus Vaccine, Eastern & Western & Venezuelan, Killed Virus, Tetanus Toxoid		West Nile Innovator + VEWT	Intramuscular
27	Other	-	-	-	-