



EQUINE MANAGEMENT REPORT

**2005
July 1, 2005**



National Animal Health
Monitoring System

2150 Centre Ave.,
Bldg. B
Fort Collins, Co 80526-8117

Form Approved
O.M.B. Number 0579-0079
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Please make corrections to name, address and Zip Code, if necessary.

INTRODUCTION

(Rephrase in your own words.)

The information gathered during this study will help us identify health-management factors used on farms to control equine diseases. It will also allow us to evaluate changes in equine health management that relate to control of infectious diseases and the economic consequences of selected equine diseases. (The background information including equine inventory allows us to evaluate health-management factors at the national level.)

[Explain the program and show the respondent the Equine 05 brochure and the Producer Information Packet.]

Beginning Time [Military]

101

1. What do you consider to be the **primary** function of this operation?

- | | Code |
|---|------|
| a. Equine boarding stable/training | 1 |
| b. Riding stable (give lessons, rent equine, etc.)..... | 2 |
| c. Race track..... | 3 |
| d. Equine breeding farm | 4 |
| e. Guest ranch..... | 5 |
| f. Farm or ranch..... | 6 |
| g. Residence with equine for personal use (show, pleasure, etc.). | 7 |
| h. Other (specify: _____)..... | 8 |

Code
102

Now I have some questions about all of the equine, regardless of ownership, that were on this operation **July 1, 2005**.

Section A. Equine Inventory

2. What do you consider to be the **primary** use of the equine currently on this operation (regardless of ownership) on July 1, 2005:

	Code			
a. Pleasure?	1	} <table border="1" style="display: inline-table; vertical-align: middle;"><tr><th style="text-align: center;">Code</th></tr><tr><td style="text-align: center;">103</td></tr></table>	Code	103
Code				
103				
b. Lessons/school?	2			
c. Showing/Competition (not betting)?	3			
d. Breeding?	4			
e. Racing?	5			
f. Farm or ranch work?	6			
g. Other? (specify: _____)	7			

3. Of the total number of equine, including foals, **present on this operation** (regardless of ownership) on July 1, 2005, how many were:

	Number
a. Donkeys or burros?	+ 104
b. Mules?	+ 105
c. Ponies?	+ 106
d. Miniature horses?	+ 107
e. Horses (excluding miniature horses)?	+ 108
f. Other equine? (specify: _____)	+ 109
g. Total [Add items 3a - 3f.]	= 110

The next several questions relate to equine that are considered “residents” of this operation. A resident equine 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 equine will be referred to throughout this Questionnaire.

4. How many of the following equine, including foals, were considered residents of this operation as of July 1, 2005 (whether or not they were present on this operation that day):

	Number
a. Donkeys or burros?	+ 111
b. Mules?	+ 112
c. Ponies?	+ 113
d. Miniature horses?	+ 114
e. Horses (excluding miniature horses) ?	+ 115
f. Other resident equine? (specify: _____)	+ 116
g. Total [Add items 4a - 4f] ?	= 117

If item 4g = 0, skip to item 62

5. How many resident equine are:

	Number
a. Birth to 30 days of age?	+ 118
b. Greater than 30 days but less than 6 months of age?	+ 119
c. 6 months to less than 5 years of age?	+ 120
d. 5 years to less than 20 years of age?	+ 121
e. 20 years to less than 30 years of age?	+ 122
f. 30 years of age or older?	+ 123
g. Total number of equine [Add items 5a - 5f; should equal item 4g.]	= 124

6. How many of the resident equine (item 4g) were **uniquely** identified with the following identification methods (each equine has a different ID; no two equine have the same ID):

a. Hot-iron brand?	+ 125
b. Freeze brand?	+ 126
c. Microchip?	+ 127
d. Tattoo?	+ 128
e. Permanent brand inspection? (card with markings indicated or sketch)	+ 129
f. Registration papers?	+ 130
g. Coggins test papers? (laboratory test results)	+ 131
h. Halters or collars with name or number?	+ 132
i. Passport?	+ 133
j. Other unique ID? (specify: _____)	+ 134
k. No unique ID?	+ 135
l. Total [Add items 6a – 6k; should be ≥ item 4g.]	= 136

7. Before today, how familiar were you with the **National Animal Identification System (NAIS)**, a new initiative to develop a unique identification number for livestock premises and livestock in order to record their movements over their life spans? (Select one only.)

	Code		Code
a. Had not heard of it before.	1	}	137
b. Recognized the name, not much else.	2		
c. Knew some basics.	3		
d. Knowledgeable.	4		

8. Which of the following is the **primary** method of recording equine health information on this operation? (Select one)

	Code		Code
a. Computerized health records maintained on the operation.	1	}	138
b. Hand written in designated log (e.g., health card, logbook).	2		
c. Hand-written notes (e.g., calendar, checkbook).	3		
d. Operation records maintained by veterinarian.	4		
e. No written or computerized records.	5		

Section B. Testing

9. Were any of the following tests performed for resident equine during the past 12 months:

	Yes = 1	No = 3	Code
a. Fecal test for parasites?	<input type="checkbox"/>	<input type="checkbox"/>	139
b. Feed or pasture analysis?	<input type="checkbox"/>	<input type="checkbox"/>	140
c. Water analysis?	<input type="checkbox"/>	<input type="checkbox"/>	141

10. 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.)

	Code	
a. Had not heard of it before	1	} Code <input style="width: 100px; height: 20px;" type="text" value="142"/>
b. Recognized the name, not much else	2	
c. Knew some basics	3	
d. Knowledgeable	4	

If item 10 = 1, skip to item 15.

	Number
11. Regarding Coggins or other tests for EIA, how many resident equine were tested for EIA during the previous 12 months?	143

If item 11 = 0, skip to item 15.

	Dollars
12. What was the average cost per EIA test (including call fee or cost of transportation)?	144 \$

13. Did resident equine have a Coggins test or other test for EIA during the previous 12 months for any of the following reasons? (Check all that apply.)

	Reason Code	Yes = 1	No = 3	Code
a. Change of ownership within State	1	<input type="checkbox"/>	<input type="checkbox"/>	145
b. Show or event requirement within State	2	<input type="checkbox"/>	<input type="checkbox"/>	146
c. Facility (e.g., boarding, breeding) requirement within State	3	<input type="checkbox"/>	<input type="checkbox"/>	147
d. Interstate movement (between two or more States)	4	<input type="checkbox"/>	<input type="checkbox"/>	148
e. International movement	5	<input type="checkbox"/>	<input type="checkbox"/>	149
f. For personal knowledge	6	<input type="checkbox"/>	<input type="checkbox"/>	150
g. Suspicion of equine illness	7	<input type="checkbox"/>	<input type="checkbox"/>	151
h. Other (specify : _____)	8	<input type="checkbox"/>	<input type="checkbox"/>	152

Reason Code

14. Of the choices in item 13 which was the **primary** reason resident equine had a Coggins test or other test for EIA during the previous 12 months? (Enter one reason code from item 13).....

153

Section C. Vaccinations

15. Were any vaccines administered to any resident equine during the previous 12 months?.....

Yes = 1 No = 3

Code

154

If No, skip to item 20.

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

- a. Veterinarian?
- b. Feed store or veterinary supply store?
- c. Catalog/Internet?
- d. Another source? (specify: _____)

Code

1
2
3
4



Code

155

17. Who administered the **MAJORITY** of the vaccinations to resident equine in the previous 12 months? (Select only one.)

- a. A veterinarian?
- b. Operation personnel (including operator)?
- c. Equine's owner (not operator)?
- d. Other? (specify: _____)

Code

1
2
3
4



Code

156

Questions 18 - 20 refer to resident horses only.

18. Do you know which diseases your **HORSES** were vaccinated against in the past 12 months?.....

Yes = 1 No = 3

Code

157

If No, skip to item 21.

19. Were any of the following groups of horses vaccinated for the following diseases in the past 12 months:

	Resident horses 1 year of age or less vaccinated in last 12 months?	Resident broodmares vaccinated in last 12 months?	Other resident horses over 1 year of age vaccinated in last 12 months?
	If no horses in this category enter "1" and skip to next Column	If no horses in this category enter "1" and skip to next Column	If no horses in this category enter "1" and skip to item 20
	514	515	516
a. Flu (Influenza)	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK
b. Strangles (<i>Strep equi</i>)	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK
c. Rhino (Herpesvirus)	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK
d. Rabies	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK
e. West Nile Virus	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK
f. Eastern and Western encephalitis (sleeping sickness) (EEE & WEE)	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK
g. Tetanus	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK
h. EVA (Equine Viral Arteritis)	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK
i. Venezuelan equine encephalitis (VEE)	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK
j. <i>Clostridium perfringens</i> (C&D)	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK
k. Potomac Horse Fever (PHF)	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK
l. Rotavirus	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK
m. Anthrax	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK
n. (EPM) Equine protozoal myelitis	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK
o. Other (specify:_)	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK	<input type="checkbox"/> 1 All <input type="checkbox"/> 3 None <input type="checkbox"/> 2 Some <input type="checkbox"/> 4 DK

[Note to enumerator: Please cross-check answers to item 20 (vaccines administered) against those for same vaccines (a – h) in item 19.]

20. We would like to understand why people **do not** use specific horse vaccines. For the vaccines listed below, please indicate whether the vaccine was administered to any resident horse on the operation during the previous 12 months, and if **NOT** administered, give the primary reason.

	Reason Code
• Concern of adverse reaction to vaccine.....	1
• Vaccine considered ineffective.....	2
• Little risk of disease exposure.....	3
• Not recommended by veterinarian.....	4
• Financial constraints on horse expenditures.....	5
• Thought important but did not get around to it.....	6
• Effort and cost of vaccination outweighed financial and other benefits of vaccination.....	7
• Other reason (specify:_____).	8

[Note to enumerator: Please cross-check answers to item 20 (vaccines administered) against those for same vaccines (a – h) in item 19.]

	Yes = 1	No = 3	Were the following vaccines administered to any resident horses?	If not administered, Primary reason : (Enter code from list above.)	Reason Code
a. Flu (Influenza)	<input type="checkbox"/>	<input type="checkbox"/>	203		211
b. Strangles (<i>Strep equi</i>)	<input type="checkbox"/>	<input type="checkbox"/>	204		212
c. Rhino (Herpesvirus)	<input type="checkbox"/>	<input type="checkbox"/>	205		213
d. Rabies	<input type="checkbox"/>	<input type="checkbox"/>	206		214
e. West Nile Virus	<input type="checkbox"/>	<input type="checkbox"/>	207		215
f. Eastern and Western encephalitis (sleeping sickness) (EEE & WEE)	<input type="checkbox"/>	<input type="checkbox"/>	208		216
g. Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	209		217
h. EVA (Equine Viral Arteritis)	<input type="checkbox"/>	<input type="checkbox"/>	210		218

Section D. Health Events

Note: The following questions refer to resident equine (not just horses).

	Yes = 1	No = 3	Code 219
21. During the past 12 months, did you have any resident foals less than 6 months old on the premises?.....	<input type="checkbox"/>	<input type="checkbox"/>	

If No, skip to item 25.

22. How many different resident foals less than 6 months of age were treated with antibiotics at least once during the previous 12 months?.....	Code 220
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23. How many resident foals **less than 6 months** old became affected with the following conditions during the previous 12 months, and of those affected how many received antibiotics at least once? [Note: Number of **animals** with condition, not number of episodes. One equine could have more than one condition.]

	Number of foals	Of these foals, number that received antibiotics at least once
a. Colic?.....	221	238
b. Other digestive problems (e.g., diarrhea)?.....	222	239
c. Respiratory problems (e.g., pneumonia, strangles, <i>Rhodococcus equi</i> , etc)?.....	223	240
d. Eye problems?.....	224	241
e. Skin problems?.....	225	242
f. Reproductive tract problems (e.g., hermaphrodite, cryptorchid)?.....	226	243
g. Behavioral problems (e.g., unusual, affects use or safety)?.....	227	244
h. Injury, wounds, or trauma?.....	228	245
i. Lameness, leg, or hoof problems (could not be used for intended purpose without treatment)?.....	229	246
j. Neurologic problems (e.g. spinal problem, wobblers, seizure, EPM, West Nile virus, sleeping sickness, maladjustment syndrome)?.....	230	247
k. Infectious disease unrelated to specific body system (septicemia, blood infection)?.....	231	248
l. Chronic weight loss?.....	232	249
m. Overweight/obese?.....	233	250
n. Failure to get milk or colostrum from mare/dam?.....	234	251
o. Complications from birthing /dystocia?.....	235	252
p. Fever of undetermined origin?.....	236	253
q. Other? (specify: _____).....	237	254
r. Treated with antibiotic to prevent disease (No condition present)?.....	NA	255

24. If item 23c (respiratory problems) is greater than zero, how many resident foals less than 6 months of age were diagnosed with having the infection *Rhodococcus equi*?..... 256

a. How many of these foals died (including euthanasia)?..... 257

25. How many **different** resident equine **6 months of age or older** were treated with antibiotics at least once during the previous 12 months?..... 258

	Number of equine	Of these Equine, number that received antibiotics at least once
26. How many resident equine 6 months of age or older became affected with the following conditions during the previous 12 months, and of those affected how many received antibiotics at least once. [Note: Number of animals with condition, not number of episodes. One equine could have more than one condition.]		
a. Colic?.....	259	276
b. Other digestive problems (e.g., diarrhea)?.....	260	277
c. Dental problems?.....	261	278
d. Respiratory problems?.....	262	279
e. Eye problem?.....	263	280
f. Skin problems?.....	264	281
g. Reproductive problems (e.g.,infertility, dystocia)?.....	265	282
h. Behavioral problems (e.g., unusual, affects use or safety)?.....	266	283
i. Injury, wounds, or trauma?.....	267	284
j. Lameness, leg, or hoof problems (could not be used for intended purpose without treatment)?.....	268	285
k. Neurologic problems (e.g. spinal problem, wobblers, seizure, West Nile virus, EPM)?.....	269	286
l. Infectious disease unrelated to specific body system (septicemia, blood infections)?.....	270	287
m. Chronic weight loss?.....	271	288
n. Overweight/obese?.....	272	289
o. Liver or kidney disease?.....	273	290
p. Cancer?.....	274	291
q. Other? (specify:_____).	275	292
r. Treated with antibiotic to prevent disease (No condition present)?.....	NA	293

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

a. Born alive?..... 294

b. Born dead or aborted?..... 295

If item 27a = 0, skip to item 29.

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

Foals

a. At less than or equal to 2 days old?..... 296

b. From 3 to 30 days old?..... 297

29. How many foals 30 days or less of age moved onto the operation during the previous 12 months? 298

If item 29 = 0, skip to item 30.

a. How many of these foals died before or at 30 days of age? 299

30. [Add items 28a, 28b, and 29a.] Then the total number of foal deaths in the first 30 days of life during the previous 12 months was:..... 300

If item 30 = 0, skip to item 32.

31. How many of the total foal deaths in the first 30 days of life (item 30) were due **PRIMARILY** to:

- a. Colic? + 301
- b. Other digestive problems (e.g. diarrhea)? + 302
- c. Respiratory problems? (eg., pneumonia, strangles, *Rhodococcus equi*, etc.) + 303
- d. Neurologic problems (e.g. spinal problem, wobblers, seizure, EPM, West Nile virus, sleeping sickness, maladjustment syndrome)? + 304
- e. Dystocia, trauma, or complications at birth? + 305
- f. Birth defects? + 306
- g. Injury, wounds, or trauma unrelated to birth? + 307
- h. Infectious disease unrelated to specific body system, blood infection (septicemia)? + 308
- i. Failed to get colostrum or milk from mare? + 309
- j. Other known cause? (specify: _____). + 310
- k. Unknown cause? + 311
- l. Total [Add items 31a - 31k; should equal item 30.] = 312

32. Did any resident equine **greater than 30 days** of age die, or were any euthanized, during the previous 12 months? Yes = 1 No = 3

Code

314

If item 32 = No, skip to item 35.

33. How many resident equine **greater than 30 days of age** died or were euthanized during the previous 12 months at the following ages:

		Resident equine
a.	Greater than 30 days but less than 6 months of age?.....	+ 315
b.	6 months to less than 5 years of age?.....	+ 316
c.	5 years to less than 20 years of age?.....	+ 317
d.	20 years to less than 30 years of age?.....	+ 318
e.	30 years of age or older?.....	+ 319
f.	Total number of deaths of equine greater than 30 days of age [<i>Add items 33a – 33e.</i>].....	= 320

34. How many of these deaths (item 33f) were due **PRIMARILY TO**:

		Resident equine greater than 30 days and less than 6 months of age	Resident equine 6 months of age or greater
a.	Colic?.....	+ 321	337
b.	Other digestive problems (e.g., diarrhea)?.....	+ 322	338
c.	Strangles?.....	+ 323	339
d.	Other respiratory problems?.....	+ 324	340
e.	Neurologic problems (e.g. spinal problem, wobblers, seizure, West Nile virus, EPM)?.....	+ 325	341
f.	Dystocia or birthing complications?.....	+ 326	342
g.	Reproductive problems other than dystocia?.....	+ 327	343
h.	Injury, wounds, or trauma?.....	+ 328	344
i.	Lameness, leg, or hoof problems (could not be used for intended purpose without treatment)?.....	+ 329	345
j.	Old age?.....	+ NA	346
k.	Cancer?.....	+ 330	347
l.	Liver or kidney disease?.....	+ 331	348
m.	Fire, lightning strike, flood, or other storm?.....	+ 332	349
n.	Poisoning/toxicity (suspected or confirmed)?.....	+ 333	350
o.	Other known cause? (specify: _____).....	+ 334	351
p.	Unknown cause?.....	+ 335	352
q.	Totals.....	= 336	353
		=item 33a	=items 33b – 33e

35. During the past 12 months, did any resident equine become nonambulatory? (For the purposes of this question, "nonambulatory" means unable to stand or rise on its own, i.e., without assistance, for any length of time. For equine, this definition also includes animals that can stand, but not walk, e.g., due to severe laminitis.).....

Yes = 1	No = 3	Code
<input type="checkbox"/>	<input type="checkbox"/>	354

If No, skip to item 41.

36. How many of the following types of resident equine became nonambulatory in the last 12 months?

a. Donkeys or burros?.....	+	355
b. Mules?.....	+	356
c. Ponies?.....	+	357
d. Miniature horses?.....	+	358
e. Horses (excluding miniature horses)?.....	+	359
f. Other resident equine?.....	+	360
g. Total [Add items 36a - 36f.].....	=	361

37. How many resident equine in the following age categories became nonambulatory in the last 12 months?

a. Birth to 30 days of age.....	+	362
b. Greater than 30 days but less than 6 months of age.....	+	363
c. 6 months to less than 5 years of age.....	+	364
d. 5 years to less than 20 years of age.....	+	365
e. 20 years to less than 30 years of age.....	+	366
f. 30 years of age or older.....	+	367
g. Total [Add items 37a - 37f; should equal item 36g.].....	=	368

38. How many resident equine became nonambulatory from the following **primary** reason:

		Resident equine birth to 30 days of age	Resident equine greater than 30 days to less than 6 months of age	Resident equine 6 months of age or greater
a. Colic or other digestive problems (e.g. diarrhea)?.....	+	369	378	387
b. Respiratory problem?.....	+	370	379	388
c. Reproductive problems? (e.g., dystocias or birthing problems).....	+	371	380	389
d. Injury, wounds, or trauma?.....	+	372	381	390
e. Lameness, leg, or hoof problems (could not be used for intended purpose without treatment)?.....	+	373	382	391
f. Neurologic problems? (e.g., spinal problem, wobblers, seizure, EPM, West Nile virus, sleeping sickness).....	+	374	383	392
g. Other known cause? (specify: _____).....	+	375	384	393
h. Unknown cause?.....	+	376	385	394
i. Totals (should equal item 37g.).....	=	377	386	395
		= item 37a	= item 37b	= items 37c - 37f

39. How was the cause of the nonambulatory state diagnosed? (If no diagnosis, enter **No** for all.)

	Yes = 1	No = 3	Code
a. Veterinary exam before animal became nonambulatory?.....	<input type="checkbox"/>	<input type="checkbox"/>	396
b. Veterinary exam after animal became nonambulatory?.....	<input type="checkbox"/>	<input type="checkbox"/>	397
c. Postmortem veterinary exam (necropsy or autopsy)?.....	<input type="checkbox"/>	<input type="checkbox"/>	398
d. Other? (specify: _____).....	<input type="checkbox"/>	<input type="checkbox"/>	399

40. How many nonambulatory resident equine had the following outcome?

	Resident Equine
a. Died (not euthanized)?	+ 400
b. Euthanized?	+ 401
c. Recovered to full function and remained on premises?	+ 402
d. Recovered to full function and sold or moved off premises?	+ 403
e. Recovered to partial function and remained on premises?	+ 404
f. Recovered to partial function and sold or moved off premises?	+ 405
g. Moved off premises while nonambulatory?	+ 406
h. Other (specify: _____)?	+ 407
i. Total [<i>should equal item 36g.</i>]?	= 408

Section E. Movement

41. During the previous 12 months, how many **NONRESIDENT** equine came to the operation and stayed for less than 30 consecutive days?

409

If item 41 = 0, skip to item 43.

42. For the majority of these nonresident equine (item 41), did you (this operation) always require, sometimes require, or never require:

	Always = 1	Sometimes = 2	Never = 3	Code
a. Official health certificate (CVI)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	410
b. Veterinary examination other than for official health certificate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	411
c. Coggins test (EIA test, Swamp Fever test)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	412
d. Vaccination within past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	413
e. Deworming within past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	414
f. Screening test for strangles or history of no occurrence in past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	415
g. Other past medical history from owner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	416
h. Quarantine prior to contact with resident equine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	417
i. Anything else? (specify: _____).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	418

43. Did you add any new resident equine, including foals born to a nonresident mare, to this operation during the previous 12 months (excluding births to resident mares)?

Yes = 1	No = 3	Code
<input type="checkbox"/>	<input type="checkbox"/>	419

If No, skip to item 47.

44. How many resident equine were added?

420

45. How many of the equine added (item 44) came from:

	Number Equine
a. Within State?..... +	421
b. Outside State, within U.S.?..... +	422
c. Canada?..... +	423
d. Mexico?..... +	424
e. Outside North America?..... +	425
f. Unknown location?..... +	426
g. Total [Add items 45a - 45f; should equal item 44.]..... =	427

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

	Always = 1	Sometimes = 2	Never = 3	Code
a. Official health certificate (CVI)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	428
b. Veterinary examination other than for official health certificate?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	429
c. Coggins test (EIA test, Swamp Fever test)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	430
d. Vaccination within past year?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	431
e. Deworming within past year?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	432
f. Screening test for strangles or no occurrence in past 6 months?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	433
g. Other past medical history from owner?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	434
h. Quarantine prior to contact with resident equine?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	435
i. Anything else (specify: _____)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	436

	Yes = 1	No = 3	Code
47. During the previous 12 months, did any resident equine leave the operation and return, whether or not by vehicle?.....	<input type="checkbox"/>	<input type="checkbox"/>	437

If No, skip to item 51.

	Miles
48. For resident equine that left and returned during the previous 12 months (whether or not by vehicle), what was the maximum one-way distance traveled (farthest away any animal got from the home operation)?	438

	Yes = 1	No = 3	Code
49. During the previous 12 months, were any resident equine transported by vehicle off this (home) operation for any purpose and returned?	<input type="checkbox"/>	<input type="checkbox"/>	439

If No, skip to item 51.

50. For resident equine that were transported by vehicle **and returned**, how many trips were traveled in the last 12 months to each of the following destinations (regardless of number of equine transported per trip):

	Number of trips
a. Within State?	440
b. Outside State, to adjacent State?	441
c. Outside State, beyond adjacent States (including Alaska and Hawaii)?	442
d. Canada?	443
e. Mexico?	444
f. Outside North America?	445

51. For this question, the term "isolate" means to prevent nose-to-nose contact with other equine from this premises **and** to prevent sharing of feed, drinking water, and equipment, such as brushes, comb, hoof picks, and buckets, between equine. Which of the following **best** describes the operation's general practice when **resident** equine leave the operation, have direct contact with outside equine, and return? (Select one only.)

	Code
a. Resident equine never leave premises or never have contact with outside equine	1
b. Routinely isolate after return to home operation	2
c. Only isolate for a cause such as disease or known exposure to disease	3
d. Routinely isolate before return to home operation	4
e. Never isolate returning equine	5

Code
446

52. Have you been asked for your equine's health papers (health certificate, Coggins test) in the **previous 5 years**?

	Yes = 1	NA = 2	No = 3	Code
a. At a State border/entry point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	447
b. For international transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	448
c. At a show/event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	449
d. At a sale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	450
e. At a private farm/facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	451
f. At a race track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	452
g. Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	453

Section F. General Management

53. For infection control, do you ever require people (visitor, veterinarian, farrier, etc.) coming onto the equine facility to do any of the following:

	Yes = 1	No = 3	Code
a. Use separate or disinfected equipment?	<input type="checkbox"/>	<input type="checkbox"/>	454
b. Change clothes or wear clean coveralls?	<input type="checkbox"/>	<input type="checkbox"/>	455
c. Disinfect or change boots?	<input type="checkbox"/>	<input type="checkbox"/>	456
d. Clean and disinfect their hands?	<input type="checkbox"/>	<input type="checkbox"/>	457
e. Park vehicles away from animal area?	<input type="checkbox"/>	<input type="checkbox"/>	458
f. Other? (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	459

	Yes = 1	Do not Isolate = 2	No = 3	Code
54. If you have animals separated for isolation or infection control, do you restrict movement of personnel working with isolated animals?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	460

55. During the previous 12 months, did the following animals have physical contact with resident equine or their feed:	Yes = 1	No = 3	Code
a. Poultry?.....	<input type="checkbox"/>	<input type="checkbox"/>	461
b. Pigs?.....	<input type="checkbox"/>	<input type="checkbox"/>	462
c. Cattle?.....	<input type="checkbox"/>	<input type="checkbox"/>	463
d. Sheep/goats?.....	<input type="checkbox"/>	<input type="checkbox"/>	464
e. Llamas or alpacas?.....	<input type="checkbox"/>	<input type="checkbox"/>	465
f. Emus/ostriches?.....	<input type="checkbox"/>	<input type="checkbox"/>	466
g. Dogs?.....	<input type="checkbox"/>	<input type="checkbox"/>	467
h. Cats?.....	<input type="checkbox"/>	<input type="checkbox"/>	468
i. Skunks?.....	<input type="checkbox"/>	<input type="checkbox"/>	469
j. Opossums?.....	<input type="checkbox"/>	<input type="checkbox"/>	470
k. Bats?.....	<input type="checkbox"/>	<input type="checkbox"/>	471
l. Raccoons?.....	<input type="checkbox"/>	<input type="checkbox"/>	472
m. Other? (specify:_____)	<input type="checkbox"/>	<input type="checkbox"/>	473

	Yes = 1	No = 3	Code
56. Did you feed grain concentrate/energy source (beyond hay or pasture forage) during the previous 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>	474

If No, skip to item 59.

57. What percent of the grain/concentrate fed during the previous 12 months was from the following sources:	Percent
a. Purchased in bags (retail source)?..... +	475
b. Bulk delivery from retail source?..... +	476
c. Bulk delivery from nonretail source?..... +	477
d. Home grown?..... +	478
e. Other? (specify:_____)	479
	=100%

	Yes = 1	No = 3	Code
58. Do you store the grain/concentrate on this operation in a manner that prevents fecal contamination by:			
a. Mice or rats?.....	<input type="checkbox"/>	<input type="checkbox"/>	480
b. Domestic or wild birds, including poultry?.....	<input type="checkbox"/>	<input type="checkbox"/>	481
c. Domestic livestock, including equine?.....	<input type="checkbox"/>	<input type="checkbox"/>	482
d. Dogs or cats?.....	<input type="checkbox"/>	<input type="checkbox"/>	483
e. Other wildlife?.....	<input type="checkbox"/>	<input type="checkbox"/>	484

59. Which of the following was the **predominant** source of drinking water for resident equine during the previous 12 months? (Select one only.)

	Code	
a. Well.....	1	} Code 485
b. Public/municipal water supply.....	2	
c. Spring.....	3	
d. Surface water such as a pond, stream, river, or cistern.....	4	
e. Other (specify: _____).....	5	

60. During this insect season, have any of the following insect control methods been used:

	Yes = 1	No = 3	Code
a. Repellents applied to equine?.....	<input type="checkbox"/>	<input type="checkbox"/>	486
b. Insecticides applied to in or near equine housing area?.....	<input type="checkbox"/>	<input type="checkbox"/>	487
c. Insecticides applied to pasture areas?.....	<input type="checkbox"/>	<input type="checkbox"/>	488
d. Regional control program, such as aerial spraying?.....	<input type="checkbox"/>	<input type="checkbox"/>	489
e. Sticky tape?.....	<input type="checkbox"/>	<input type="checkbox"/>	490
f. Bug zapper?.....	<input type="checkbox"/>	<input type="checkbox"/>	491
g. Parasitic wasps specifically brought onto the operation?.....	<input type="checkbox"/>	<input type="checkbox"/>	492
h. Face mask on equine?.....	<input type="checkbox"/>	<input type="checkbox"/>	493
i. Fly tags attached to equine halters?.....	<input type="checkbox"/>	<input type="checkbox"/>	494
j. Fly sheets on equine?.....	<input type="checkbox"/>	<input type="checkbox"/>	495
k. Insect control product in feed, such as using Equitrol®?.....	<input type="checkbox"/>	<input type="checkbox"/>	496
l. Mosquito treatment in drinking water? (mosquito dunks).....	<input type="checkbox"/>	<input type="checkbox"/>	497
m. Water container emptied and refilled with fresh water at least weekly?.....	<input type="checkbox"/>	<input type="checkbox"/>	498
n. Frequent removal of weeds and manure from premises?.....	<input type="checkbox"/>	<input type="checkbox"/>	49
o. Screened-in stalls?.....	<input type="checkbox"/>	<input type="checkbox"/>	500
p. Other? (specify: _____).....	<input type="checkbox"/>	<input type="checkbox"/>	501

61. 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?

	Yes = 1	No = 3	Code
a. Routine garbage pickup.....	<input type="checkbox"/>	<input type="checkbox"/>	502
b. Hauled to landfill (not routine garbage pickup).....	<input type="checkbox"/>	<input type="checkbox"/>	503
c. Hauled away, other than to a landfill.....	<input type="checkbox"/>	<input type="checkbox"/>	504
d. Applied on fields on the operation where any livestock (including equine) graze.....	<input type="checkbox"/>	<input type="checkbox"/>	505
e. Applied on field on the operation where no livestock graze.....	<input type="checkbox"/>	<input type="checkbox"/>	506
f. Manure/waste bedding allowed to accumulate or left to nature.....	<input type="checkbox"/>	<input type="checkbox"/>	507
g. Sold or gave away.....	<input type="checkbox"/>	<input type="checkbox"/>	508
h. Other (specify: _____).....	<input type="checkbox"/>	<input type="checkbox"/>	509

Section G. Office Use

62. Enter interview response codes – please select the appropriate box.

	Code	
a. Out of business.....	1	} 510
b. Refusal.....	2	
c. Complete.....	3	
d. Partial refusal.....	4	
e. Inaccessible.....	5	
f. Out of scope.....	6	
g. No resident equine on July 1.....	7	

63. Enumerator Note: If item 62 = 2 or 4 then check the box below that best explains the reason for refusal.

	Code	
a. Does not want to commit time.....	1	} 511
b. Does not have necessary records available.....	2	
c. Has participated in too many surveys.....	3	
d. A bad time of year (planting, harvesting, second job, etc.).....	4	
e. Believes that this survey hurts the operator more than helps.....	5	
f. No reason given, or other miscellaneous reasons.....	6	

64. Did the respondent use operation records to report their management practices:

	Code	
a. All of the time?.....	1	} 512
b. Most of the time?.....	2	
c. Some of the time?.....	3	
d. Almost never?.....	4	
e. Never?.....	5	

65. Enumerator number..... 513

ENDING TIME [MILITARY]..... 313