

EQUINE – 2015

General Equine Health and Management Questionnaire

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United States
Department
of Agriculture



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Beginning Time [military]

Date: MM-DD-YY

INTRODUCTION

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

102

- 1 Equine boarding stable/training
- 2 Riding stable (give lessons, rent equines, etc.)
- 3 Rescue/rehabilitation facility
- 4 Equine breeding farm
- 5 Guest ranch
- 6 Farm or ranch
- 7 Residence with equines for personal use (show, pleasure, etc.)
- 8 Other (specify: 1000_____)

For the purpose of this study, **equines**, include horses, miniature horses, ponies, donkeys, burros, and mules. The next several questions relate to equines 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 equines will be referred to throughout this questionnaire.

2. Did this operation have any resident equines on **May 1, 2015**?

103

- 1 Yes – Continue
- 3 No – Go to Section F on the back page

SECTION A EQUINE INVENTORY

1. What did you consider to be the **primary** use of the resident equines on this operation regardless of ownership, on **May 1, 2015**? (Check one.)

104

- 1 Pleasure
- 2 Lessons/school
- 3 Showing/competition not betting
- 4 Breeding
- 5 Racing
- 6 Farm or ranch work
- 7 Retired, not in use
- 8 Other (specify: 1001_____)

2. How many of the following types of equines, including foals, were considered residents of this operation as of **May 1, 2015**, whether or not they were present on the operation that day:

NONE	HEAD
<input type="checkbox"/>	105
<input type="checkbox"/>	106
<input type="checkbox"/>	107
<input type="checkbox"/>	108
<input type="checkbox"/>	109
<input type="checkbox"/>	110
	111

- a. Donkeys or burros?
- b. Mules?
- c. Ponies?
- d. Miniature horses?
- e. Horses, excluding miniature horses?
- f. Other resident equines (specify: 1002_____)
- g. **Total** (Add items 2a – 2f.)

3. As of **May 1, 2015**, how many resident equines were:

NONE	HEAD
<input type="checkbox"/>	112
<input type="checkbox"/>	113
<input type="checkbox"/>	114
<input type="checkbox"/>	115
<input type="checkbox"/>	116
<input type="checkbox"/>	117
<input type="checkbox"/>	118
	119

- a. Birth to 30 days of age?
- b. More 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 equines (Add items 3a – 3g; should equal item 2g.)

4. As of **May 1, 2015**, how many resident equines **1 year of age or older** were:

NONE	HEAD
<input type="checkbox"/>	120
<input type="checkbox"/>	121
<input type="checkbox"/>	122
<input type="checkbox"/>	123
<input type="checkbox"/>	124
<input type="checkbox"/>	125
	126

- a. Intact males (stallions and colts)?
- b. Castrated males (geldings)?
- c. Intact females?
- d. Pregnant females?
- e. Spayed females?
- f. Unknown status?
- g. **Total** (Add items 4a – 4f; should equal total of items 3d - 3g.)

SECTION A EQUINE INVENTORY

5. As of **May 1, 2015**, how many resident **horses** (item 2d and 2e), were:

- a. Appaloosa?
- b. Arabian?
- c. Draft breed?
- d. Miniature horses?
- e. Morgan?
- f. Mustang?
- g. Paint?
- h. Quarter horse?
- i. Saddlebred?
- j. Standardbred?
- k. Tennessee Walker?
- l. Thoroughbred?
- m. Warmblood breed?
- n. Grade?
- o. Other **horse** breed, including mixed breed? (specify: 1003_____)
- p. **Total** (Add items 5a – 5o; should equal sum of items 2d and 2e)

NONE	HEAD
<input type="checkbox"/>	127
<input type="checkbox"/>	128
<input type="checkbox"/>	129
<input type="checkbox"/>	130
<input type="checkbox"/>	131
<input type="checkbox"/>	132
<input type="checkbox"/>	133
<input type="checkbox"/>	134
<input type="checkbox"/>	135
<input type="checkbox"/>	136
<input type="checkbox"/>	137
<input type="checkbox"/>	138
<input type="checkbox"/>	139
<input type="checkbox"/>	140
<input type="checkbox"/>	141
<input type="checkbox"/>	142

6. How many of the total (item 2g) resident equines had the following type(s) of identification on **May 1, 2015**?

(The same resident equine can have more than one method of identification.)

- a. Hot-iron brand (usually looks like a scar)?
- b. Freeze brand (usually results in white or different color hair)?
- c. Microchip?
- d. Tattoo?
- e. Official brand inspection (card with markings indicated or sketch)?
- f. Registration papers?
- g. DNA (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:1004_____)

NONE	HEAD
<input type="checkbox"/>	143
<input type="checkbox"/>	144
<input type="checkbox"/>	145
<input type="checkbox"/>	146
<input type="checkbox"/>	147
<input type="checkbox"/>	148
<input type="checkbox"/>	149
<input type="checkbox"/>	150
<input type="checkbox"/>	151
<input type="checkbox"/>	152
<input type="checkbox"/>	153

7. Are you or anyone associated with this operation, a member of an equine-related association or club (e.g., breed or discipline association, riding club, 4-H)?

155

- 1 Yes 3 No

SECTION B

HEALTH MANAGEMENT

1. Which of the following is the **primary** method of recording equine health information for this operation? (*Check one.*)

156

- 1 Computerized health records maintained for the operation
- 2 Handwritten in designated log or file (e.g., health card, logbook)
- 3 Handwritten notes (e.g., calendar, checkbook)
- 4 Operation records maintained by veterinarian
- 5 No written or computerized records

(If item 1 = 1 Continue; otherwise go to item 3)

2. Which of the following best describes how you operate your computerized record system? (*Check one.*)

157

- 1 Enter own data in commercial equine health software
- 2 Commercial software maintained by external data manager
- 3 Enter data in self-generated equine record (e.g., Word, Excel)
- 4 Other (specify: 1005_____)

3. Did you consult the following resources regarding equine **health care decisions** in the previous 12 months:

- a. Private veterinarian?
- b. Equine nutritionist other than veterinarian?
- c. Acupuncturist/chiropractor other than veterinarian?
- d. Equine dentist other than veterinarian?
- e. Farrier?
- f. Extension agents/university or vocational-agricultural personnel/4-H instructor?
- g. Riding instructor/horse trainer?
- h. Other equine owners?
- i. Equine associations/meetings/newsletters (including breed or discipline associations)?
- j. Feed store or veterinary supply store personnel?
- k. Radio/TV/newspaper?
- l. Equine magazines/reference books?
- m. Equine psychic?
- n. Equine massage therapist?
- o. Social media other than Web/Internet such as Twitter or Facebook?
- p. Other Web/Internet?
- q. Other (specify: 1006_____)

Check One

158	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
159	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
160	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
161	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
162	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
163	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
164	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
165	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
166	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
167	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
168	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
169	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
170	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
171	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
172	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
173	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
174	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No

(If items 3a – 3q are all NO, go to item 5)

LETTER CODE

4. Of the choices (item 3), what was the **primary** resource used based on frequency of use? (*Enter one row letter from item 3.*)

175

175

SECTION B HEALTH MANAGEMENT

5. Did a veterinarian provide resident equines with the following services at least once in the previous 12 months:

- a. Individual animal diagnosis, treatment, or surgery (including castration)?
- b. Reproductive services (e.g., ultrasound, semen collection, artificial insemination)?
- c. Vaccination consultation?
- d. Administered vaccine(s)?
- e. Provide drugs or vaccines, not administered by a veterinarian?
- f. Deworming consultation?
- g. Administered dewormer?
- h. Dentistry (e.g., floating teeth, removing teeth, filling teeth)?
- i. Nutritional consultation?
- j. Diagnostic services individual or herd test (e.g., Coggins test)?
- k. Official health certificate, also called certificate of veterinary inspection, CVI?
- l. Purchase or insurance examination?
- m. Biosecurity assessment to prevent or control infectious disease beyond vaccination?
- n. Other (specify:1007_____)

Check One

176	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
177	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
178	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
179	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
180	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
181	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
182	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
183	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
184	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
185	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
186	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
187	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
188	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
189	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No

6. Which of the following best describes the **primary** equine dental-care provider used for equines in the previous 12 months? (*Check one.*)

190

- 1 Veterinarian
- 2 Equine dentist who is not a veterinarian
- 3 Other (specify: 1008_____)
- 4 No dental care provided

7. Who usually performed the following hoof-care services for resident equines in the previous 12 months:

- a. Hoof trimming ?
- b. Routine shoeing?
- c. Corrective shoeing?

1= Operation personnel (including operator)
2= Hired professional farrier
3= Professional hoof trimmer who is not a farrier
4= Veterinarian
5= Other outside person (specify: 1009_____)
6= Not done

CODE

191
192
193

8. Were any of the following tests performed for resident equines in the previous 12 months:

- a. Fecal test for parasites?
- b. Feed or pasture analysis?
- c. Water analysis?

CODE

194	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
195	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
196	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No

SECTION B HEALTH MANAGEMENT

NONE	HEAD
<input type="checkbox"/>	197

9. How many resident stallions were used for breeding in the past 12 months?

(If item 9 = 0, go to item 13; otherwise continue)

10. Who handles these stallions for breeding:

- a. Owner?
- b. Farm manager?
- c. Regular farm veterinarian?
- d. Specialized breeding facility non-veterinarian?
- e. Specialized breeding facility veterinarian?

Check One	
198	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
199	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
200	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
201	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
202	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No

11. Are stallions used for breeding via:

- a. Live cover?
- b. Semen collection?

203	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
204	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No

(If item 11b = 3, go to item 13, otherwise continue)

12. When a stallion is used for semen collection, does the person(s) handling these stallions:

- a. Wear disposable gloves?
- b. Sanitize or change cover on phantom between stallions? YES = 1 NO = 3 Don't use Phantom = 4
- c. Use dedicated AV or sanitize the AV between stallions?
- d. Use a disposable liner or sanitize the bucket used for washing the stallion between stallions?

Check One	
205	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
206	
207	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
208	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No

13. Which of the following **best** describes how familiar you are with equine infectious anemia (EIA)? This is the disease for which a Coggins test is done. (Check one.)

209

- 1 Have not heard of it before
- 2 Recognized the name, not much else
- 3 Know some basics
- 4 Knowledgeable on EIA

(If item 13 = 1, go to item 18; otherwise continue)

14. How many **resident equines** were tested for EIA during the previous 12 months? (Include Coggins or other tests for EIA)

NONE	HEAD
<input type="checkbox"/>	210

(If item 14 = 0, go to item 18; otherwise continue)

15. What was the average cost per EIA test including call fee or cost of transportation?

DOLLARS
211

16. Did resident equines have a Coggins test or other test for EIA for any of the following reasons in the past 12 months:

- a. Change of ownership **within** State?
- b. Show or event requirement **within** State?
- c. **Within** State movement other than for change of ownership or show/event?
- d. Facility (e.g., boarding, breeding) requirement?
- e. Interstate movement between two or more States?
- f. International movement?
- g. For personal knowledge?
- h. Suspicion of equine illness?
- i. Requirement for riding on public land (State or Federal parks, etc.)?
- j. Other (specify: 1010_____)

Check One	
212	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
213	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
214	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
215	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
216	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
217	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
218	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
219	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
220	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
221	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No

SECTION B HEALTH MANAGEMENT

17. Of the choices (item 16), what was the **primary** reason resident equines had a Coggins test or other test for EIA during the previous 12 months?
(Enter one row letter from item 16.)

LETTER CODE

222

18. Were any vaccines administered to any resident equine in the previous 12 months?

223

- 1 Yes - Continue
- 3 No – Go to item 21
- 2 Don't Know – Go to item 21

19. Which of the following was the **primary** source of vaccines administered to resident equines in the previous 12 months? (Check one.)

224

- 1 Veterinarian
- 2 Feed store or veterinary supply store
- 3 Catalog/Internet
- 4 Another source (specify:1011_____)

20. Who administered the **majority** of the vaccines to resident equines in the previous 12 months?

225

- 1 Veterinarian
- 2 Equine owner
- 3 Operation personnel who are not the equine owner
- 4 Other (specify:1012_____)

21. Does this operation have a plan for end-of-life options for its equines, such as what criteria it would use to decide whether or not to euthanize?

Check One

226

- 1 Yes
- 3 No

(If item 21 = 3, go to item 23; otherwise continue)

22. Which of the following sources of information have been used in consideration of end-of-life decision making for this operation's equines:

Check One

- a. Veterinarian?
- b. Other equine owners?
- c. Farrier?
- d. Internet resources?
- e. Magazines or other literature?
- f. Rescue/rehabilitation resources?
- g. Extension agent?
- h. Grief or other professional counselor?
- i. Animal communicator/psychic?
- j. Other (specify: 1013_____)

227	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
228	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
229	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
230	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
231	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
232	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
233	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
234	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
235	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
236	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No

23. Which of the following criteria would, or have, contributed to the end-of-life decision making:

Check One

- a. Cost of treatment?
- b. Pain and suffering?
- c. Return to use?
- d. Likelihood of survival?
- e. Length of recovery?
- f. Insurance status of horse?
- g. Other (specify:1014_____)

237	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
238	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
239	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
240	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
241	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
242	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
243	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No

SECTION C HEALTH EVENTS

1. During the previous 12 months on this operation, how many equines were born alive, or were born dead or aborted:

NONE	HEAD
<input type="checkbox"/>	244
<input type="checkbox"/>	245

(If item 1a = 0, go to item 3; otherwise continue)

- a. Born alive?
- b. Born dead or aborted?

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

NONE	HEAD
<input type="checkbox"/>	246
<input type="checkbox"/>	247

- a. At or before 2 days old?
- b. Between 3 and 30 days old?

3. How many foals 30 days or less of age were moved onto the operation in the previous 12 months?

NONE	HEAD
<input type="checkbox"/>	248

(If item 3 = 0, go to item 4; otherwise continue)

a. How many of these (item 3) foals died at or before 30 days of age? ...

NONE	HEAD
<input type="checkbox"/>	249

4. Then the total number of foal deaths in the first 30 days of life in the previous 12 months was: (Add items 2a, 2b, and 3a.)

NONE	HEAD
<input type="checkbox"/>	250

The next several pages contain questions that ask about conditions that affected resident equines on this operation in the previous 12 months.

These pages also contain questions about the number of resident equines that received an antibiotic for a condition at least once in the previous 12 months. An antibiotic is a drug used to treat bacterial infection. It can be given by multiple methods including orally; or topically; in the uterus or eye; or injected into a muscle, vein, or joint.

These pages also contain questions about the number of resident equines that died or were euthanized because of a condition in the previous 12 months. It is possible for a single equine to have had more than one condition in the previous 12 months, such as colic and respiratory disease. Even if an equine died having experienced two or more conditions in the previous 12 months, the death should be listed as due to a single primary cause.

5. During the previous 12 months, were any resident foals less than 6 months of age on this operation?

²⁵¹ 1 Yes – Continue 3 No – Go to item 8

SECTION C HEALTH EVENTS

6. How many **different** resident foals **less than 6 months of age** became affected with the following conditions **in the previous 12 months?**

1	2	3	4
CONDITION	Number of different resident foals less than 6 months of age affected with this condition in the previous 12 months? NUMBER	Of the (column 2) resident foals, how many received an antibiotic at least once in the previous 12 months? NUMBER	Of the (column 2) resident foals, how many died or were euthanized due primarily to this condition in the previous 12 months? NUMBER
Colic	252	271	291
Other digestive problems such as diarrhea or choke	253	272	292
Dental problems; do not include routine floating	254	273	293
Respiratory problems such as strangles, flu, pneumonia, reactive airway disease, heaves	255	274	294
Eye problems	256	275	295
Skin problems	257	276	296
Reproductive problems such as hermaphrodite or cryptorchid	258	277	297
Behavioral problems that affected use, health, or safety	259	278	298
Injury, wounds, or trauma	260	279	299
Lameness, leg, or hoof problems 1/	261	280	300
Neurologic problems such as spinal problem, wobblers, seizure, West Nile virus, EHM, EPM	262	281	301
Pigeon fever caused by <i>Corynebacterium pseudotuberculosis</i>	263	282	302
Other infectious disease unrelated to specific body system such as septicemia, or blood infections	264	283	303
Chronic weight loss/underweight	265	284	304
Overweight/obese	266	285	305
Failure to get milk or colostrum from dam	267	286	306
Liver or kidney disease	268	287	307
Fever of undetermined origin	269	288	308
Other (specify: 1015_____)	270	289	309
Treated with antibiotic to prevent disease, no disease condition present		290	
Total died or were euthanized			310

1/ Equine could not be used for intended purpose without treatment – drugs, alternative therapies, corrective shoeing or rest.

HEAD

7. How many different resident foals **less than 6 months of age** were treated with an antibiotic at least once in the previous 12 months?

311

8. **During the previous 12 months**, were any resident equines **6 months to less than 1 year of age** on this operation?

312

1 Yes – Continue 3 No – Go to item 11

SECTION C HEALTH EVENTS

9. How many **different** resident equines **6 months to less than 1 year of age** became affected with the following conditions **in the previous 12 months?**

1 CONDITION	2 Number of different resident equines 6 months to less than 1 year of age affected with this condition in the previous 12 months? NUMBER	3 Of the (column 2) resident equines, how many received an antibiotic at least once in the previous 12 months? NUMBER	4 Of the (column 2) resident equines, how many died or were euthanized due primarily to this condition in the previous 12 months? NUMBER
Colic	313	331	350
Other digestive problems such as diarrhea or choke	314	332	351
Dental problems; do not include routine floating	315	333	352
Respiratory problems such as strangles, flu, pneumonia, reactive airway disease, heaves	316	334	353
Eye problems	317	335	354
Skin problems	318	336	355
Reproductive problems such as hermaphrodite or cryptorchid	319	337	356
Behavioral problems that affected use, health, or safety	320	338	357
Injury, wounds, or trauma	321	339	358
Lameness, leg, or hoof problems 1/	322	340	359
Neurologic problems such as spinal problem, wobblers, seizure, West Nile virus, EHM, EPM	323	341	360
Pigeon fever caused by <i>Corynebacterium pseudotuberculosis</i>	324	342	361
Other infectious disease unrelated to specific body system such as septicemia, or blood infections	325	343	362
Chronic weight loss/underweight	326	344	363
Overweight/obese	327	345	364
Liver or kidney disease	328	346	365
Fever of undetermined origin	329	347	366
Other (specify: 1016_____)	330	348	367
Treated with antibiotic to prevent disease, no disease condition present		349	
Total died or were euthanized			368

1/ Equine could not be used for intended purpose without treatment – drugs, alternative therapies, corrective shoeing or rest.

HEAD

10. How many different resident foals **6 months to less than 1 year of age** were treated with an antibiotic at least once during the previous 12 months?

369

11. **During the previous 12 months**, were any resident equines **1 year to less than 5 years of age** on this operation?

370

1 Yes – Continue 3 No – Go to item 14

SECTION C HEALTH EVENTS

12. How many **different** resident equines **1 year to less than 5 years of age** became affected with the following conditions **in the previous 12 months?**

1	2 Number of different resident equines 1 year to less than 5 years of age affected with this condition in the previous 12 months? NUMBER	3 Of the (column 2) resident equines, how many received an antibiotic at least once in the previous 12 months? NUMBER	4 Of the (column 2) resident equines, how many died or were euthanized due primarily to this condition in the previous 12 months? NUMBER
Colic	371	391	412
Other digestive problems such as diarrhea or choke	372	392	413
Dental problems; do not include routine floating	373	393	414
Respiratory problems such as strangles, flu, pneumonia, reactive airway disease, heaves	374	394	415
Endocrine disorder such as hypothyroid or Cushings	375	395	416
Eye problems	376	396	417
Skin problems	377	397	418
Reproductive problems such as abortion, infertility, or infection of the reproductive tract	378	398	419
Behavioral problems that affected use, health, or safety	379	399	420
Injury, wounds, or trauma	380	400	421
Lameness, leg, or hoof problems 1/	381	401	422
Neurologic problems such as spinal problem, wobblers, seizure, West Nile virus, EHM, EPM	382	402	423
Pigeon fever caused by <i>Corynebacterium pseudotuberculosis</i>	383	403	424
Other infectious disease unrelated to specific body system such as septicemia, or blood infections	384	404	425
Chronic weight loss/underweight	385	405	426
Overweight/obese	386	406	427
Liver or kidney disease	387	407	428
Cancer	388	408	429
Fever of undetermined origin	389	409	430
Other (specify: 1017_____)	390	410	431
Treated with antibiotic to prevent disease, no disease condition present		411	
Total died or were euthanized			432

1/ Equine could not be used for intended purpose without treatment – drugs, alternative therapies, corrective shoeing or rest.

HEAD

13. How many different resident equines **1 year to less than 5 years of age** were treated with an antibiotic at least once during the previous 12 months?

433

14. **During the previous 12 months**, were any resident equines **5 years to less than 20 years of age** on this operation?

434

1 Yes – Continue 3 No – Go to item 17

SECTION C

HEALTH EVENTS

15. How many **different** resident equines **5 years to less than 20 years of age** became affected with the following conditions **in the previous 12 months?**

1 CONDITION	2 Number of different resident equines 5 years to less than 20 years of age affected with this condition in the previous 12 months? NUMBER	3 Of the (column 2) resident equines, how many received an antibiotic at least once in the previous 12 months? NUMBER	4 Of the (column 2) resident equines, how many died or were euthanized due primarily to this condition in the previous 12 months? NUMBER
Colic	435	455	476
Other digestive problems such as diarrhea or choke	436	456	477
Dental problems; do not include routine floating	437	457	478
Respiratory problems such as strangles, flu, pneumonia, reactive airway disease, heaves	438	458	479
Endocrine disorder such as hypothyroid or Cushings	439	459	480
Eye problems	440	460	481
Skin problems	441	461	482
Reproductive problems such as abortion, infertility, or infection of the reproductive tract	442	462	483
Behavioral problems that affected use, health, or safety	443	463	484
Injury, wounds, or trauma	444	464	485
Lameness, leg, or hoof problems 1/	445	465	486
Neurologic problems such as spinal problem, wobblers, seizure, West Nile virus, EHM, EPM	446	466	487
Pigeon fever caused by <i>Corynebacterium pseudotuberculosis</i>	447	467	488
Other infectious disease unrelated to specific body system such as septicemia, or blood infections	448	468	489
Chronic weight loss/underweight	449	469	490
Overweight/obese	450	470	491
Liver or kidney disease	451	471	492
Cancer	452	472	493
Fever of undetermined origin	453	473	494
Other (specify: 1018 _____)	454	474	495
Treated with antibiotic to prevent disease, no disease condition present		475	
Total died or were euthanized			496

1/ Equine could not be used for intended purpose without treatment – drugs, alternative therapies, corrective shoeing or rest.

HEAD

16. How many different resident equines **5 years to less than 20 years of age** were treated with an antibiotic at least once during the previous 12 months?

497

17. **During the previous 12 months**, were any resident equines **20 years of age or older** on this operation?

498

1 Yes – Continue 3 No – Go to Section D

SECTION C HEALTH EVENTS

18. How many **different** resident equines **20 years of age or older** became affected with the following conditions **in the previous 12 months?**

1 CONDITION	2 Number of different resident equines 20 years of age or older affected with this condition in the previous 12 months? NUMBER	3 Of the (column 2) resident equines, how many received an antibiotic at least once in the previous 12 months? NUMBER	4 Of the (column 2) resident equines, how many died or were euthanized due primarily to this condition in the previous 12 months? NUMBER
Colic	499	519	540
Other digestive problems such as diarrhea or choke	500	520	541
Dental problems; do not include routine floating	501	521	542
Respiratory problems such as strangles, flu, pneumonia, reactive airway disease, heaves	502	522	543
Endocrine disorder such as hypothyroid or Cushings	503	523	544
Eye problems	504	524	545
Skin problems	505	525	546
Reproductive problems such as abortion, infertility, or infection of the reproductive tract	506	526	547
Behavioral problems that affected use, health, or safety	507	527	548
Injury, wounds, or trauma	508	528	549
Lameness, leg, or hoof problems 1/	509	529	550
Neurologic problems such as spinal problem, wobblers, seizure, West Nile virus, EHM, EPM	510	530	551
Pigeon fever caused by <i>Corynebacterium pseudotuberculosis</i>	511	531	552
Other infectious disease unrelated to specific body system such as septicemia, or blood infections	512	532	553
Chronic weight loss/underweight	513	533	554
Overweight/obese	514	534	555
Liver or kidney disease	515	535	556
Cancer	516	536	557
Fever of undetermined origin	517	537	558
Other (specify: 1019_____)	518	538	559
Treated with antibiotic to prevent disease, no disease condition present		539	
Total died or were euthanized			560

1/ Equine could not be used for intended purpose without treatment – drugs, alternative therapies, corrective shoeing or rest.

HEAD

19. How many different resident equines **20 years of age or older** were treated with an antibiotic at least once during the previous 12 months?

561

SECTION D **MOVEMENT**

1. During the previous 12 months, how many **nonresident** equines of any age were brought onto this operations for less than 30 consecutive days? NONE **HEAD**

562

(If item 1 = None or 0, go to item 3; otherwise continue)

2. For the majority of the (item 1) nonresident equines, did this operation always require, sometimes require, or never require a(n):	1 = Always Require 2 = Sometimes Require 3 = Never Require
	Enter Code Above
a. Official health certificate, also called certificate of veterinary inspection or CVI?	563
b. Veterinary examination other than for official health certificate?	564
c. Coggins test, also called EIA test or swamp fever test?	565
d. Vaccination within past year?	566
e. Deworming within past year?	567
f. Screening test for strangles or history of no occurrence in past 6 months?	568
g. Other past medical history from owner?	569
h. Quarantine prior to contact with resident equines?	570
i. Other requirements? (specify: 1020 _____)	571

3. During the previous 12 months, were any new resident equines, including any foals born to nonresident mares, added to this operation? **Exclude** foals born to resident mares.

572 1 Yes - Continue 3 No – Go to item 7

4. How many new resident equines were added to this operation in the previous 12 months?

HEAD 573

5. Of the (item 4) equines added to this operation, how many came from:

NONE	HEAD
<input type="checkbox"/>	574
<input type="checkbox"/>	575
<input type="checkbox"/>	576
<input type="checkbox"/>	577
<input type="checkbox"/>	578
<input type="checkbox"/>	579
<input type="checkbox"/>	580

a. Within State where this operation is located?

b. Outside of the State where this operation is located but within the United States?

c. Canada?

d. Mexico?

e. Outside of North America?

f. Unknown location?

g. **Total** (Add items 5a – 5f, should equal item 4)

SECTION D **MOVEMENT**

<p>6. For the majority of the (item 4) new resident equines, did this operation always require, sometimes require, or never require a(n):</p> <p>a. Official health certificate, also called certificate of veterinary inspection or CVI?</p> <p>b. Veterinary examination other than for official health certificate?</p> <p>c. Coggins test, also called EIA test or swamp fever test?</p> <p>d. Vaccination within past year?</p> <p>e. Deworming within past year?</p> <p>f. Screening test for strangles or history of no occurrence in past 6 months?</p> <p>g. Other past medical history from owner?</p> <p>h. Quarantine prior to contact with resident equines?</p> <p>i. Other requirements? (specify: 1021_____)</p>	<p>1 = Always Require 2 = Sometimes Require 3 = Never Require</p>
	<p>Enter Code Above</p>
	581
	582
	583
	584
	585
	586
	587
	588
589	

7. During the previous 12 months, were any resident equines transported by vehicle off this operation for any purpose and returned?

590

- 1 Yes - Continue 3 No – Go to item 10

8. For resident equines that left and returned during the previous 12 months, what was the **farthest** one-way distance any equines traveled from this operation?

MILES

591

9. For resident equines that left and returned, approximately how many trips were taken in the previous 12 months to each of the following destinations, regardless of the number of equines transported per trip?

NONE

TRIPS

- a. Within State where this operation is located?
- b. Outside of the State where this operation is located and to an adjacent State?
- c. Outside the State where this operation is located and to a non-adjacent State (including Alaska and Hawaii)
- d. Canada?
- e. Mexico?
- f. Outside of North America?

592

593

594

595

596

597

10. For this question, the term “isolate” means to prevent nose-to-nose contact with other equines from this operation **and** to prevent sharing of feed, drinking water, and equipment, such as brushes, combs, hoof picks, and buckets, among equines. Which of the following **best** describes the operation’s **general policy** when **resident** equines leave the operation, have direct contact with outside equines, and return? (Check only one.)

598

- 1 Equines never leave this operation
- 2 Equines never have contact with outside equines after leaving this operation
- 3 Routinely isolate **after** returning to this operation
- 4 Routinely isolate **before** returning to this operation
- 4 Only isolate for a cause such as disease or known exposure to disease
- 6 Never isolate returning equines

SECTION D **MOVEMENT**

11. Does this operation isolate equines that are suspected or confirmed to have a contagious disease?

599

- 1 Yes 3 No 4 N/A never had contagious disease case

12. Does this operation restrict movement of personnel (such as limiting contact with healthy equines if working with isolated equines) when isolating equids for:	1 = YES 3 = NO 4 = N/A
	Enter Code Above
	600
	601
	602

a. A suspected or confirmed contagious disease?

b. Returning resident equines after having direct contact with outside equids?

c. Newly arriving equines to this operation?

13. During the previous 5 years, have you been asked for this operation's equines' health papers (health certificate, Coggins test) at the following locations? (Enter code 4 = N/A if you have never been at the following locations with this operation's equines in the previous 5 years.)	1 = YES 3 = NO 4 = N/A
	Enter Code Above
	603
	604
	605
	606
	607
	608
	609

a. At a State border/entry point?

b. For international transport?

c. At a show, event including club?

d. At a sale?

e. At a private farm/facility?

f. At a race track?

g. Other (specify:1022_____).

14. During the previous 12 months were any resident equines permanently removed from this operation? (**Exclude** death and euthanasia)

610

- 1 Yes Continue 3 No Go to Section E

15. During the previous 12 months, how many resident equines were permanently removed from this operation by the following methods: (Enter only one method per equine.)

NONE	HEAD
<input type="checkbox"/>	611
<input type="checkbox"/>	612
<input type="checkbox"/>	613
<input type="checkbox"/>	614
<input type="checkbox"/>	615
<input type="checkbox"/>	616
<input type="checkbox"/>	617
<input type="checkbox"/>	618
<input type="checkbox"/>	619

- 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 by another method (specify:1023_____)
- i. **Total** (Add items 15a – 15h.)

SECTION D MOVEMENT

16. Of the (item 15) resident equines that were permanently removed from this operation, how many were removed 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, such as owner or children moved or owner illness?
- i. Boarder decided to move equine?
- j. Other (specify: 1024 _____)
- k. **Total** (Add items 16a – 16j; should equal item 15i.)

NONE	HEAD
<input type="checkbox"/>	620
<input type="checkbox"/>	621
<input type="checkbox"/>	622
<input type="checkbox"/>	623
<input type="checkbox"/>	624
<input type="checkbox"/>	625
<input type="checkbox"/>	626
<input type="checkbox"/>	627
<input type="checkbox"/>	628
<input type="checkbox"/>	629
	630

SECTION E GENERAL MANAGEMENT

1. During the previous 12 months, did this operation ever require people coming onto the equine operation (such as veterinarians, farriers, etc.), to do any of the following for infection control:

- a. Use separate or disinfected equipment/tack?
- b. Change clothes or wear clean coveralls?
- c. Disinfect or change boots?
- d. Clean and disinfect hands?
- e. Park vehicles away from animal area?
- f. Require visitors to contact healthiest or most susceptible animals first and sick animals last? **YES = 1 NO = 3 No sick animals = 4**
- g. Other (specify: 1025 _____)

Check One	
631	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
632	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
633	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
634	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
635	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
636	
637	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No

2. After someone from this operation visits another equine operation(s), do they normally:

- a. Disinfect equipment/tack?
- b. Change clothes or wear clean coveralls?
- c. Disinfect or change boots?
- d. Clean and disinfect hands?
- e. Other (specify: 1026 _____)

Check One	
638	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
639	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
640	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
641	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No
642	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 3 No

SECTION E GENERAL MANAGMENT

3. During the previous 12 months, did the following animals have physical contact with either this operation's resident equines or their feed?		YES = 1 NO = 3 N/A = 4
Domestic animals		Enter Code Above
a. Cats?		643
b. Cattle?		644
c. Dogs?		645
d. Domestic pigs?		646
e. Emus/ostriches?		647
f. Llamas or alpacas?		648
g. Poultry?		649
h. Rabbits?		697
i. Sheep/goats?		650
j. Other (specify: 1027 _____)		651
Wild animals		
k. Bats?		652
l. Coyotes?		653
m. Deer?		654
n. Feral swine?		655
o. Fox?		656
p. Opossums?		657
q. Rabbits?		658
r. Raccoons?		659
s. Skunks?		660
t. Other (specify: 1028 _____)		661

4. Did this operation store any grain/concentrate/complete feed in the previous 12 months that was fed to resident equines?

662

1 Yes - Continue 3 No – Go to item 6

5. Does this operation store the grain/concentrate/complete feed in a manner that **prevents** fecal contamination by:

- a. Mice or rats?
- b. Domestic or wild birds, including poultry?
- c. Domestic livestock, including equines?
- d. Dogs or cats?
- e. Other wildlife?

Check One

663	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
664	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
665	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
666	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
667	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No

SECTION E **GENERAL MANAGEMENT**

6. During the previous 12 months, which of the following was the **predominant** source of drinking water for resident equines on this operation? (Check only one.)

668

- 1 Well
- 2 Public/municipal water supply
- 3 Spring
- 4 Surface water, such as a pond, irrigation ditch, stream, river or cistern
- 5 Other (specify: 1029 _____)

7. During this spring/summer, have any of the following insect control methods been used on this operation:

- a. Repellents applied to equines?
- b. Insecticides applied in or near equine housing area?
- c. Insecticides applied to pasture areas?
- d. Regional control program, such as aerial spraying?
- e. Sticky tape or insect traps?
- f. Bug Zapper?
- g. Fly predators specifically brought onto the operation?
- h. Face masks on equines?
- i. Fly sheets on equines?
- j. Fly tags attached to equine halters?
- k. Insect control product in feed or as feed through?
- l. Mosquito treatment in drinking water (mosquito dunks)?
- m. Water container emptied and refilled with fresh water at least weekly or automatic waterer?
- n. Frequent removal of weeds and/or manure from premises?
- o. Screened-in stalls?
- p. Other (specify: 1030 _____)

Check One

669	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
670	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
671	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
672	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
673	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
674	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
675	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
676	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
677	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
678	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
679	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
680	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
681	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
682	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
683	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
684	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No

8. Did this operation compost equine manure on this operation in the previous 12 months?

685	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
-----	--------------------------------	-------------------------------

9. During the previous 12 months, which of the following disposal methods for manure, including composted manure and/or waste bedding, were used on this operation:

- a. Routine garbage pickup?
- b. Hauled to a landfill (not routine garbage pickup)?
- c. Hauled away, other than a landfill?
- d. Applied on fields on the operation where any livestock (including equines) graze?
- e. Applied on fields on the operation where no livestock graze?
- f. Manure/waste bedding allowed to accumulate or left to nature?
- g. Sold or gave away?
- h. Other (specify: 1031 _____)

686	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
687	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
688	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
689	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
690	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
691	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
692	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No
693	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 3 No

SECTION F OFFICE USE

1. For operations that complete this questionnaire request signature on **CONSENT FORM** to be contacted for participation in Phase 2 of the study.

2. If **CONSENT FORM** is signed, provide comments below to describe the respondent location and any other comments that will be helpful for future contact.

3. Enter interview response code

2000

- 1 No Resident Equines on May 1, 2015; not eligible for this survey
- 2 Out of Business
- 3 Refused
- 4 Complete: signed VMO consent
- 5 Complete: refused VMO consent
- 6 Out of Scope
- 7 Office Hold
- 8 Inaccessible

[If item 3 = 3 or 5 continue, otherwise go to item 5]

4. Check refusal response code

2001

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

YES = 1 NO = 3 N/A = 4
Enter Code Above
694
695

5. Did respondent use any of the following to answer equine health related questions:

- a. Written or computerized records?
- b. Checked with veterinarian?

6. Respondent Name:

9911 Phone: ()

7. **End time [military]:**

8. **Survey Results:** To receive the complete results of this survey, go to <http://www.aphis.usda.gov/nahms>

OFFICE USE

Would you rather have a hard copy mailed to you at a later date? 1 = YES 3 = NO

OFFICE USE ONLY

Response	Respondent	Mode	Enum.	Eval.	R. Unit	Change	Office Use for POID						
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	9998	9900	9921	9985	9989			
2-R		2-Sp		2-Tel						-----			
3-Inac		3-Acct/Bkpr		3-Face-to-Face									
4-Office Hold		4-Partner		4-CATI									
5-R – Est		9-Oth		5-Web									
6-Inac – Est				6-e-mail									
7-Off Hold – Est				7-Fax									
				8-CAPI									
				19-Other						9907	9908	9906	9916
S/E Name													