



Animal and
Plant Health
Inspection
Service

Veterinary
Services

Equine 2015–16 VMO Questionnaire



National Animal Health
Monitoring System

2150 Centre Ave Bldg B
Fort Collins, CO 80526

Form Approved
OMB Number 0579-0269
Expires 12/31/2017

State FIPS:	Operation #:	Interviewer:	Date:
2 digits	4 digits	Initials	mm/dd/yy

INTRODUCTION

Beginning time [military]: _____

Section A—Inventory

The next several questions relate to equines 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.

1. How many of the following **equines**, including foals, are considered residents of this operation as of today (whether or not they are present on the operation today)?

[Enter 0 if none.]

- | | | | |
|--|--------------|-------|------|
| a. Donkeys or burros..... | v101 | _____ | head |
| b. Mules..... | v102 | _____ | head |
| c. Ponies | v103 | _____ | head |
| d. Miniature horses..... | v104 | _____ | head |
| e. Horses (excluding miniature horses) | v105 | _____ | head |
| f. Other resident equines (specify: _____) | v106oth v106 | _____ | head |
| g. Total <i>[Add questions 1a–1f.]</i> | v107 | _____ | head |

[If question 1g = 0, SKIP to Office Use Only section.]

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**NAHMS-333
Aug 2014**

2. As of today, how many resident equines are: *[Enter 0 if none.]*
- a. Less than 6 months old? v108 _____ head
 - b. 6 months through 1 year (23 months)? v109 _____ head
 - c. 2 to 3 years? v110 _____ head
 - d. 4 to 5 years? v111 _____ head
 - e. 6 to 10 years? v112 _____ head
 - f. 11 to 15 years? v113 _____ head
 - g. 16 to 20 years? v114 _____ head
 - h. 21 years or older? v115 _____ head
 - i. Total *[should equal question 1g]* v116 = _____ head

[If questions 2c through 2h = 0, SKIP to question 4.]

3. As of **today**, how many resident equines 2 years of age or older are:
[Enter 0 if none.]
- a. Broodmares? v117 _____ head
 - b. Stallions? v118 _____ head
4. How many **nonresident** equines were on this operation for more than 30 days in the previous 12 months? *[Enter 0 if none.]* v119 _____ head

Section B—Vaccination Practices

1. Were any resident equines vaccinated in the previous 12 months? v201 ₁ Yes ₃ No

[If question 1 = No, SKIP to question 8.]

2. Were any resident equines **1 year of age or less** vaccinated **in the previous 12 months**?
Include resident equines that may no longer be on the operation today. v202 ₁ Yes ₃ No ₄ NA (no resident equines ≤1 yr)

[If question 2 = No or NA, SKIP to question 4.]

3. How many of the resident equines **1 year old or less** were vaccinated for the following diseases in the previous 12 months?
[Select one response for each vaccine.]

	All	Some	None	Don't know
a. Anthrax v203	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Botulism v204	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. <i>Clostridium perfringens</i> (C&D) v205	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Eastern and Western encephalitis (sleeping sickness) [EEE and WEE] v206	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Equine viral arteritis (EVA) v207	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Flu (influenza) v208	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Herpesvirus (also called EHV or rhino) v209	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Leptospirosis v210	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. Lyme disease v211	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j. Pigeon fever (infection caused by <i>Corynebacterium psuedotuberculosis</i>) v212	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k. Potomac horse fever (PHF) v213	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l. Rabies v214	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
m. Rhinitis A v215	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
n. Rotavirus v216	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
o. Snake venom v217	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
p. Strangles (<i>Strep. equi</i>) v218	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
q. Tetanus v219	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
r. Venezuelan equine encephalitis (VEE) v220	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
s. West Nile virus v221	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
t. Other (specify: _____) v222oth v222	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

4. Were any resident **broodmares** vaccinated **in the previous 12 months**? *Include resident equine broodmares that may no longer be on the operation today.* v223 ₁ Yes ₃ No ₄ NA (no resident broodmares)

[If question 4 = No or NA, SKIP to question 6.]

5. How many resident **broodmares** were vaccinated for the following diseases in the previous 12 months?
[Select one response for each vaccine.]

	All	Some	None	Don't know
a. Anthrax v224	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Botulism v225	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. <i>Clostridium perfringens</i> (C&D) v226	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Eastern and Western encephalitis (sleeping sickness) [EEE and WEE] v227	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Equine viral arteritis (EVA) v228	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Flu (influenza) v229	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Herpesvirus (also called EHV or rhino) v230	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Leptospirosis v231	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. Lyme disease v232	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j. Pigeon fever (infection caused by <i>Corynebacterium psuedotuberculosis</i>). v233	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k. Potomac horse fever (PHF) v234	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l. Rabies v235	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
m. Rhinitis A v236	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
n. Rotavirus v237	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
o. Snake venom v238	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
p. Strangles (<i>Strep. equi</i>) v239	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
q. Tetanus v240	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
r. Venezuelan equine encephalitis (VEE)..... v241	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
s. West Nile virus v242	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
t. Other (specify: _____) v243oth v243	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

6. Were any resident equines **over 1 year old** (excluding resident broodmares) vaccinated **in the previous 12 months**? *Include resident equines that may no longer be on the operation today.*

v244 ₁ Yes ₃ No ₄ NA (no resident equines, excluding broodmares, >1 year)

[If question 6 = No or NA, SKIP to question 8.]

7. How many of the resident equines **over 1 year old** (excluding resident broodmares) were vaccinated for the following diseases in the previous 12 months?
 [Select one response for each vaccine.]

	All	Some	None	Don't know
a. Anthrax v245	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Botulism v246	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. <i>Clostridium perfringens</i> (C&D) v247	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Eastern and Western encephalitis (sleeping sickness) [EEE and WEE] v248	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Equine viral arteritis (EVA) v249	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Flu (influenza) v250	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Herpesvirus (also called EHV or rhino) v251	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Leptospirosis v252	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. Lyme disease v253	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Pigeon fever (infection caused by <i>Corynebacterium psuedotuberculosis</i>). v254	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. Potomac horse fever (PHF) v255	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. Rabies v256	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m. Rhinitis A v257	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
n. Rotavirus v258	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
o. Snake venom v259	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
p. Strangles (<i>Strep. equi</i>) v260	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
q. Tetanus v261	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
r. Venezuelan equine encephalitis (VEE) v262	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
s. West Nile virus v263	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
t. Other (specify: _____) v264oth v264	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Note to data collector: Cross check answers to question 8 (vaccines administered) against those for the same vaccines (a through p) in questions 3, 5, and 7.

8. We would like to understand why people **do not** use specific equine vaccines. For the vaccines listed below, indicate whether the vaccine was administered to any resident equine on the operation in the previous 12 months. If **not** administered, give the primary reason for not administering the vaccine.

Reason codes for question 8	
1 = Concern of adverse reaction to vaccine	5 = Financial constraints on equine expenditures
2 = Vaccine considered ineffective	6 = Did not get around to it
3 = Little risk of disease exposure	7 = Unaware this vaccine was available
4 = Not recommended by veterinarian	8 = Other reason (specify: _____) v265oth

	Administered?	If No, enter code
a. Flu (influenza) v265/v273	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____
b. Strangles (<i>Strep. equi</i>) v266/v274	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____
c. Herpesvirus (also called EHV or rhino)..... v267/v275	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____
d. Rabies v268/v276	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____
e. West Nile virus v269/v277	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____
f. Eastern and Western encephalitis (sleeping sickness) [EEE & WEE]..... v270/v278	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____
g. Tetanus v271/v279	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____
h. Equine viral arteritis (EVA)..... v272/v280	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	_____

[If question 8c = No, SKIP to section C.]

9. If question 8c = Yes (herpesvirus), for those animals vaccinated against EHV/rhino, how often in the previous 12 months did you vaccinate the following resident equines? [Check NA if this type of equine is not present on the operation.]

a. Aged 1 year or less v281/v284	_____ # times/yr	<input type="checkbox"/> ₁ NA
b. Broodmares..... v282/v285	_____ # times/yr	<input type="checkbox"/> ₁ NA
c. Equines over 1 year (excluding resident broodmares) v283/v286	_____ # times/yr	<input type="checkbox"/> ₁ NA

10. Which EHV vaccine product(s) was used? (Use laminated reference sheet for code(s).)
[Enter all product codes that apply for each category. Check NA if this type of equine is not present on the operation.]

a. Aged 1 year or less v287/v290	_____ code(s)	<input type="checkbox"/> ₁ NA
b. Broodmares..... v288/v291	_____ code(s)	<input type="checkbox"/> ₁ NA
c. Equines over 1 year old (excluding resident broodmares) v289/v292	_____ code(s)	<input type="checkbox"/> ₁ NA

Section C—Internal Parasite Control and Management

1. Did this operation participate in the NAHMS 2015 Internal Parasite study? v301 ₁ Yes ₃ No

[If question 1 = Yes, SKIP to section D.]

2. In the previous 12 months, were **any** resident equines dewormed at least once? v302 ₁ Yes ₃ No

[If question 2 = No, SKIP to question 7.]

3. In the previous 12 months, were any **resident** equines dewormed for the following reasons?
- a. General prevention measure v303 ₁ Yes ₃ No
 - b. Equines had previous colic problem v304 ₁ Yes ₃ No
 - c. Worms were seen v305 ₁ Yes ₃ No
 - d. Equines were thin or doing poorly..... v306 ₁ Yes ₃ No
 - e. Rubbing tail v307 ₁ Yes ₃ No
 - f. Fecal test results indicated a need v308 ₁ Yes ₃ No
 - g. Other (specify: _____) v309oth v309 ₁ Yes ₃ No

4. Of the reasons for deworming in the previous question, what was the **primary** reason for deworming **resident** equines in the previous 12 months? *[Check one only.]*

v310

- ₁ General prevention measure
- ₂ Equines had previous colic problem
- ₃ Worms were seen
- ₄ Equines were thin or doing poorly
- ₅ Rubbing tail
- ₆ Fecal test results indicated a need
- ₇ Other

5. What deworming program is currently in use for the following equines? [Enter all codes that apply.]

Codes for question 5	
1	= Dewormer product rotation (e.g., ivermectin then pyrantel)
2	= Fecal egg count, treat according to results
3	= Regular use of same dewormer
4	= Daily deworming (Multiply # months used x 30 for column 2.)
5	= Equines are not dewormed (Skip "# times" column.)
6	= NA (do not have the category of equine)

		Code	# times majority of equines dewormed in previous 12 months
a. Less than 6 months old	v311/v317	_____	_____ # times
b. 6 months through 1 year old (23 months)	v312/v318	_____	_____ # times
c. Broodmares	v313/v319	_____	_____ # times
d. Stallions	v314/v320	_____	_____ # times
e. All other equines 2 to 3 years old	v315/v321	_____	_____ # times
f. All other equines 4 years or older	v316/v322	_____	_____ # times

6. What types of deworming products were used in the previous 12 months and what was the maximum number of times product was administered to any one equine? [For products used, circle the maximum number of times administered to any equine.]

		Maximum number of times administered to ANY equine in the previous 12 months						
a. Ivermectin.....	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	1	2	3	4	5	6+	v323/v335
b. Ivermectin/praziquantel (e.g., Equimax, Zimecterin Gold)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	1	2	3	4	5	6+	v324/v336
c. Moxidectin (e.g., Quest)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	1	2	3	4	5	6+	v325/v337
d. Moxidectin/praziquantel (e.g., Quest +) ..	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	1	2	3	4	5	6+	v326/v338
e. Fenbendazole (e.g., Panacur, Safe-Guard)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	1	2	3	4	5	6+	v327/v339
f. Power Pack or Safeguard Powerdose (e.g., Panacur, Fenbendazole double dose given 5 days in a row; count a 5-day course of treatment as one time.)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	1	2	3	4	5	6+	v328/v340
g. Oxibendazole (e.g., Anthelcide EQ).....	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	1	2	3	4	5	6+	v329/v341
h. Piperazine	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	1	2	3	4	5	6+	v330/v342
i. Pyrantel pamoate (e.g., Strongid paste or liquid, Exodus)...	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	1	2	3	4	5	6+	v331/v343
j. Pyrantel tartrate (e.g., Strongid C 2X daily dewormer).....	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	1	2	3	4	5	6+	v332/v344
k. Levamisol	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	1	2	3	4	5	6+	v333/v345
l. Other (specify: _____) v334oth ..	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	1	2	3	4	5	6+	v334/v346

7. Has your veterinarian **ever** recommended:
- a. Predeworming fecal testing?..... v347 ₁ Yes ₃ No
- b. Postdeworming fecal testing?..... v348 ₁ Yes ₃ No
8. In the previous 5 years, have you ever had a fecal egg count performed on feces from resident equines?v349 ₁ Yes ₃ No ₄ Don't know

[If question 8 = No or Don't know, SKIP to question 10.]

9. What is your current policy for the following categories of equines regarding how often you typically have fecal egg counts done? *[Count pre- and post-fecal egg count for fecal egg reduction test as one time.]*

Codes for question 9
1 = More often than annually
2 = Annually
3 = Less often than annually
4 = No specific schedule; based on equine's health condition
5 = Not done
6 = NA (do not have this category of equine)

- | | Code |
|--|-------|
| a. Less than 6 months old..... v350 | _____ |
| b. 6 months through 1 year old (23 months)..... v351 | _____ |
| c. Broodmares..... v352 | _____ |
| d. Stallions..... v353 | _____ |
| e. All other equines 2 to 3 years old..... v354 | _____ |
| f. All other equines 4 years or older v355 | _____ |

10. In the previous 12 months, have you done the following for parasite control:

- | | | Did your veterinarian recommend: |
|--|--|--|
| a. Flat rake and mow?.....v356/v361 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| b. Frequent removal of manure from pasture/grazing area?v357/v362 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| c. Rotating pastures?v358/v363 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| d. Combination deworming (using two or more dewormers at once)? Do not include praziquantel.v359/v364 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |
| e. Other? (specify: _____) v360othv360/v365 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No |

11. How concerned are you about internal parasite drug resistance in the equines on this operation? *[Check one only.]* v366
- ₁ Never heard of it
- ₂ Not concerned
- ₃ Slightly concerned
- ₄ Moderately concerned
- ₅ Very concerned

12. Have you **ever** had your equines examined for drug-resistant parasites using a fecal egg count reduction test (also called FECRT), egg reappearance test, or other test? v367 ₁ Yes ₃ No
13. Have you **ever** had a documented case of drug-resistant equine internal parasites on your farm? v368 ₁ Yes ₃ No
 If Yes, for which drugs was resistance found?
[See list of anthelmintic/dewormer codes.]..... v369 _____
14. Have you **ever** changed your deworming plan due to concern about drug-resistant parasites (either known resistance problem or potential problem)?..... v370 ₁ Yes ₃ No

Section D—Tick Control and Management

1. Do you check your equines for ticks?..... v401 ₁ Yes ₃ No

[If question 1 = No, SKIP to question 11.]

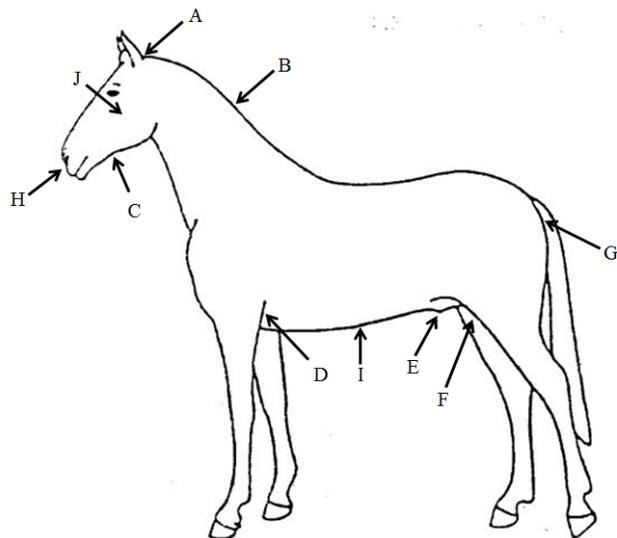
2. How often do you or others check your equines for ticks? *[Check one only.]* v402
- ₁ Daily
 - ₂ After a specific activity (e.g., trail riding)
 - ₃ Several times a week
 - ₄ No specific routine

3. What method do you use to check for ticks? *[Check all that apply.]*

- Routine grooming v403
- Visual inspection v404
- Palpate specifically to detect ticks: *[Refer to diagram below.]* v405
 - Ears (A) v406
 - Crest/mane (B) v407
 - Jaw line (C) v408
 - Elbow/girth area/axilla (D) v409
 - Sheath or udder (E) v410
 - Between hindquarters/thighs (F) v411
 - Tail head and under tail (G) v412
 - Nose/nostril/faux nostril (H) v413
 - Ventrums or belly (I) v414
 - Face (J) v415
- Other (specify: _____) v416oth (K) v416

4. In the previous 12 months, have you observed ticks on any of your equines? v417 ₁ Yes ₃ No

[If question 4 = No, SKIP to question 11.]



5. In what location(s) on your equines did you identify ticks? Refer to diagram.
[Check all that apply.]

- Ears (A) v418
- Crest/mane (B) v419
- Jaw line (C) v420
- Elbow/girth area/axilla (D) v421
- Sheath or udder (E) v422
- Between hindquarters/thighs (F) v423
- Tail head or under tail (G) v424
- Nose/nostril/faux nostril (H) v425
- Ventrum or belly (I) v426
- Face (J) v427
- Other (specify: _____) v428oth (K) v428

6. What is the most common location where you find ticks on your equines?
[Enter letter from question 5 horse diagram.]..... v429 _____ letter

7. After which activities do you most often observe equines with ticks?
[Check one only.] v430

- ₁ On pasture
- ₂ Trail riding
- ₃ Cross-country competitions
- ₄ Other (specify: _____) v430oth

8. Were the ticks you observed on your equines in the previous 12 months identified by type (species of tick)?.....v431 ₁ Yes ₃ No ₄ Don't know

[If question 8 = No or Don't know, SKIP to question 11.]

9. Who definitively identified the type or species of tick in question 8?
 [Check one only.]

v432

- ₁ Owner
- ₂ Stable manager
- ₃ Extension agent
- ₄ Veterinarian
- ₅ Diagnostic laboratory
- ₆ Other (specify: _____) v432oth

10. What type of ticks were found on equines?

[Enter code(s) for all types identified.] v433 _____ code(s)

Codes for question 10	
1 =	American dog tick (<i>Dermacentor variabilis</i>)
2 =	Winter tick (<i>Dermacentor albipictus</i>)
3 =	Lone Star tick (<i>Amblyomma americanum</i>)
4 =	Brown dog tick (<i>Rhipicephalus sanguineus</i>)
5 =	Deer tick (also called black-legged tick) [<i>Ixodes scapularis</i>]
6 =	Spinose ear tick (<i>Otobius megnini</i>)
7 =	Rocky Mountain wood tick (<i>Dermacentor andersoni</i>)
8 =	Western black-legged tick (<i>Ixodes pacificus</i>)
9 =	Gulf Coast tick (<i>Amblyomma maculatum</i>)
10 =	Other (specify: _____) v433oth

11. In the previous 12 months, have any equines on this operation had the following tick-borne disease(s) and, if Yes, how was the disease diagnosed?

Diagnosis by:

	Disease	Laboratory confirmation		Veterinarian				
a. Lyme disease	v434	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	v439/v444
b. Anaplasmosis	v435	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	v440/v445
c. Equine piroplasmiasis (EP)	v436	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	v441/v446
d. Tick paralysis	v437	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	v442/v447
e. Other (specify: _____) v438oth ...	v438	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	v443/v448

12. In the previous **5 years**, were ticks ever observed on your equines?

v449

₁ Yes ₃ No

[If question 12 = No, SKIP to question 14.]

13. In the previous **12 months**, were ticks ever observed on your equines during the following time periods and, if observed, what was the typical level of infestation?

Codes for question 12	
Frequency	Level
1 = Less than monthly/occasionally	1 = Low
2 = Monthly	2 = Medium
3 = Weekly	3 = High
4 = Daily	

- | | Observed | If Yes, how frequently were ticks found?
[See code box.] | If any found, what was the typical level of infestation?
[See code box.] | |
|---------------------------------|--|---|---|-----------|
| a. December–Februaryv450 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | _____ | _____ | v454/v458 |
| b. March–Mayv451 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | _____ | _____ | v455/v459 |
| c. June–Augustv452 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | _____ | _____ | v456/v460 |
| d. September–Novemberv453 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | _____ | _____ | v457/v461 |
14. Do you treat your equines with a product that controls ticks? ...v462 ₁ Yes ₃ No ₄ Don't know

[If question 14 = No or Don't know, SKIP to question 18.]

15. Enter codes for products used. [Refer to tick control product list for codes.]v463 _____ (code(s))

16. What is the **primary** reason for using the product? [Check one only.] v464

- ₁ Tick control
- ₂ Other reason (e.g., fly control)

17. How often do you treat equines to control ticks? [Check one only.] v465

- ₁ Daily (regardless of location or activity)
- ₂ When on pasture
- ₃ When trail ridden
- ₄ When you see ticks
- ₅ Other (specify: _____)v465oth

18. Which of these habitats has your equine(s) spent **any** time in during the previous 12 months? [See handout for more detailed habitat descriptions.]
- a. Developed residential or commercial (areas with 30% or more constructed materials such as asphalt, concrete, wooden fences, metal beams or areas associated with infrastructure such as railroads, highways, race tracks)v466 ₁ Yes ₃ No
 - b. Shrublands (areas dominated by natural wood vegetation less than 20 feet tall; can be interspersed with grasses and young trees)v467 ₁ Yes ₃ No
 - c. Forested (areas associated with tree cover above 20 feet and covering more than 75% of the area).....v468 ₁ Yes ₃ No
 - d. Cultivated/planted woody (areas of planted herbaceous/woody vegetation)v469 ₁ Yes ₃ No
 - e. Grasslands (majority of coverage related to upland grasses and might be used for grazing, but is not intensively managed).....v470 ₁ Yes ₃ No
 - f. Wetlands (areas periodically saturated or covered with water)v471 ₁ Yes ₃ No
 - g. Urban/recreational grasses (grasses developed and maintained for recreation, erosion, parks, trails, hiking, etc.)v472 ₁ Yes ₃ No
 - h. Water bodies (open water present year round)v473 ₁ Yes ₃ No

19. What is the predominant type of habitat your equine(s) spent time in during the following time periods? [See the laminated handout for habitat descriptions and codes.]
- | | Code |
|--|-------------|
| a. December–February (winter) v474 | _____ |
| b. March–May (spring) v475 | _____ |
| c. June–August (summer) v476 | _____ |
| d. September–November (fall) v477 | _____ |

20. In the previous 12 months, did you do any landscape modifications (e.g., weed control, pasture mowing, vegetation-free zones)? v478 ₁ Yes ₃ No
- If Yes, did you do this to reduce the tick populations on your operation? v479 ₁ Yes ₃ No

21. Do you prevent equines from grazing in forested/wooded areas by fencing these areas? v480 ₁ Yes ₃ No ₄ NA (no forested/wooded areas)

22. Rank the top three sources you use to obtain information on ticks and tick control for equines. [Rank your **top three** with the numbers 1, 2, and 3.]
- ₁ Check here if you don't obtain tick information. v481
- a. Veterinarian v482 _____
 - b. Diagnostic laboratory v483 _____
 - c. Books v484 _____
 - d. Internet v485 _____
 - e. Equine magazines..... v486 _____
 - f. Feed store v487 _____
 - g. Veterinary product store v488 _____
 - h. Extension agent v489 _____
 - i. Scientific peer-reviewed literature v490 _____
 - j. Other owners/trainer, etc..... v491 _____
 - k. Other (specify: _____) v492oth v492 _____

Section E—Lameness Occurrence and Management

Lameness is defined as an abnormality in gait such that the equine cannot be used for its intended purpose or can only be used with intervention (e.g., medication, corrective shoeing, rest). Equines that receive intervention to prevent lameness would not be included. Refer to the worksheet for lameness at the end of the questionnaire for help in answering questions on lameness, especially if you had multiple lame equines.

1. How many resident equines have a lameness problem **today**?v501 _____ head
2. How many resident equines have had a lameness problem in the **previous 12 months**, even if they died or are no longer on the premises? v502 _____ head
3. For how many of the lame resident equines in question 2 will you be providing detailed information about age, type of lameness, management of lameness (veterinarian and farrier care), and outcome throughout the rest of this section? . v503 _____ head

[If question 3 = 0, SKIP to question 16.]

4. In the table below, enter the number of **resident** equines from question 3 that had any lameness problem in the **previous 12 months** even if they died or are no longer on the premises. For this table, use the age of the animal today.

- Count each equine only once, even if it had more than one episode of lameness in the previous 12 months and even if it was affected by more than one cause of lameness.
- Be sure to include equines that are lame today and were reported in question 1.
- Count equines that either became lame or were previously lame and remained lame in the previous 12 months.
- The total should match the total in question 3 above.

	Age (years)						Total (sum of lame equines from question 3)
	A <2	B 2-5	C 6-10	D 11-15	E 16-20	F 21+	
Number of resident equines with lameness in the previous 12 months	v504	v505	v506	v507	v508	v509	v510

5. In the previous 12 months, how many of the lame **resident** equines were intended for the following purposes?

- a. Pleasure v511 _____ head
- b. Lesson or school horse v512 _____ head
- c. Show or competition (not betting) v513 _____ head
- d. Breeding v514 _____ head
- e. Racing v515 _____ head
- f. Farm or ranch work v516 _____ head
- g. Retired, not in use v517 _____ head
- h. Other (specify: _____) v518both v518 _____ head
- i. **Total [should equal question 3]** v519 = _____ head

6. In the previous 12 months, how many of the lame **resident** equines were:

- a. Intact males (stallion or colt)? v520 _____ head
- b. Castrated males? v521 _____ head
- c. Intact females (nonpregnant)? v522 _____ head
- d. Pregnant females? v523 _____ head
- e. Spayed females? v524 _____ head
- f. Unknown status? v525 _____ head
- g. **Total [should equal total in question 3]** v526 = _____ head

7. In the previous 12 months, how many of the lame **resident** equines were of the following horse breeds or equine type (mule, donkey, pony)?
- | | | |
|--|------|--------------|
| a. Appaloosa | v527 | _____ head |
| b. Arabian | v528 | _____ head |
| c. Draft breed | v529 | _____ head |
| d. Miniature horse | v530 | _____ head |
| e. Morgan | v531 | _____ head |
| f. Mustang | v532 | _____ head |
| g. Paint | v533 | _____ head |
| h. Quarter horse | v534 | _____ head |
| i. Saddlebred | v535 | _____ head |
| j. Standardbred | v536 | _____ head |
| k. Tennessee Walker | v537 | _____ head |
| l. Thoroughbred | v538 | _____ head |
| m. Warmblood breed | v539 | _____ head |
| n. Grade | v540 | _____ head |
| o. Other horse breed (including mixed breed) | v541 | _____ head |
| p. Mule | v542 | _____ head |
| q. Donkey or burro | v543 | _____ head |
| s. Total [<i>should equal question 3</i>] | v544 | = _____ head |
8. In the previous 12 months, how many of the **lame resident** equines had the following outcomes?
- | | | |
|--|---------|--------------|
| a. Recovered or sound and remained sound | v545 | _____ head |
| b. Recovered but were affected by a different lameness problem | v546 | _____ head |
| c. Recovered but same lameness problem later recurred | v547 | _____ head |
| d. Improved but still had lameness | v548 | _____ head |
| e. No improvement or worse | v549 | _____ head |
| f. Sold or given away due to lameness | v550 | _____ head |
| g. Died or euthanized due to lameness | v551 | _____ head |
| h. Other (specify: _____) | v552oth | _____ head |
| i. Total [<i>should equal total in question 3</i>] | v553 | = _____ head |

9. In the previous 12 months, how many of the **lame resident** equines had a lameness problem that lasted:
- a. Less than 1 week? v554 _____ head
 - b. 1 week up to 1 month? v555 _____ head
 - c. 1 month up to 6 months? v556 _____ head
 - d. 6 months up to 12 months? v557 _____ head
 - e. 12 months or more? v558 _____ head
 - f. **Total [should equal total in question 3]**..... v559 = _____ head
10. In the previous 12 months, how many of the **lame resident** equines accumulated the following times of lost use when the equines **could not be used for their intended purpose** because of lameness?
- a. No lost use v560 _____ head
 - b. 1 to 6 days v561 _____ head
 - c. 1 week up to 1 month v562 _____ head
 - d. 1 month up to 6 months v563 _____ head
 - e. 6 months up to 12 months v564 _____ head
 - f. 12 months or more v565 _____ head
 - g. **Total [should equal total in question 3]**..... v566 = _____ head
11. In the previous 12 months, for how many of the **lame resident** equines did the use of the equines permanently change to each of the following as a result of lameness?
- a. No change of use v567 _____ head
 - b. Pleasure riding v568 _____ head
 - c. Lesson or school horse v569 _____ head
 - d. Different type of show or competition (not betting) v570 _____ head
 - e. Breeding v571 _____ head
 - f. Racing v572 _____ head
 - g. Farm or ranch work v573 _____ head
 - h. Companion animal v574 _____ head
 - i. Retired from all use and turned out or kept as a pet..... v575 _____ head
 - j. Died or euthanized due to lameness v576 _____ head
 - k. Left operation, uncertain of current use v577 _____ head
 - l. Other use (specify: _____) v578oth v578 _____ head
 - m. **Total [should equal total in question 3]**..... v579 = _____ head
12. In the previous 12 months, for how many of the **lame resident** equines from question 3 was a veterinarian consulted for the following:
- a. Diagnosis of lameness? v580 _____ head
 - b. Treatment of lameness? v581 _____ head

13. In the previous 12 months, on how many of the lame resident equines from question 3 were the following diagnostic procedures performed? If a procedure was performed more than once on the same equine, count it only once.
- a. Lameness exam (may include limb or back palpation; hoof testers; or examination at walk, trot, or canter)..... v582 _____ head
 - b. Examination under saddle v583 _____ head
 - c. Flexion tests v584 _____ head
 - d. Treadmill or forceplate examination v585 _____ head
 - e. Diagnostic nerve blocks v586 _____ head
 - f. Diagnostic joint blocks..... 587 _____ head
 - g. Radiographs (x-rays)..... v588 _____ head
 - h. Diagnostic ultrasound examination v589 _____ head
 - i. Advanced imaging (e.g., thermography, CT, MRI) v590 _____ head
 - j. Other diagnostic procedure (specify: _____) v591oth v591 _____ head

Now I am going to ask about the number of lameness conditions in resident equines.

14. In the table below, enter the number of **resident** equines from question 3 in each age group affected by the conditions listed at any time in the previous 12 months. For equines with more than one type of problem, count each problem separately, but do not count a recurrence of the same problem in the same animal more than once per equine. The same condition affecting more than one leg/foot should be counted only once per animal. For this section, use the age of the animal **today**.

		Age today (years)					
		<2	2-5	6-10	11-15	16-20	21+
Foot conditions							
A	Sole or hoof bruise	v592	v612	v632	v652	v672	v692
B	Sole or hoof abscess/puncture	v593	v613	v633	v653	v673	v693
C	Laminitis	v594	v614	v634	v654	v674	v694
D	Coffin joint problem	v595	v615	v635	v655	v675	v695
E	Navicular problem or disease	v596	v616	v636	v656	v676	v696
F	Other foot problem (specify:) v597oth	v597	v617	v637	v657	v677	v697
Limb conditions							
G	Wound or laceration causing lameness	v598	v618	v638	v658	v678	v698
H	Tendon, ligament, muscle (injury, strain, or contracture)	v599	v619	v639	v659	v679	v699
I	Bone fracture	v600	v620	v640	v660	v680	v700
J	Bone injury other (splint, bucked shins)	v601	v621	v641	v661	v681	v701
K	Angular limb deformity (crooked legs)	v602	v622	v642	v662	v682	v702
L	Other limb problem (specify:) v603oth	v603	v623	v643	v663	v683	v703
Joint problems							
M	Developmental joint problem (OC, OCD)	v604	v624	v644	v664	v684	v704
N	Sudden joint injury (strain, sprain)	v605	v625	v645	v665	v685	v705
O	Joint infection	v606	v626	v646	v666	v686	v706
P	Chronic joint problem such as arthritis	v607	v627	v647	v667	v687	v707
Q	Other joint problem (specify:) v608oth	v608	v628	v648	v668	v688	v708
Other conditions							
R	Back pain or soreness	v609	v629	v649	v669	v689	v709
S	Unknown problem	v610	v630	v650	v670	v690	v710
T	Other known problem (specify:) v611oth	v611	v631	v651	v671	v691	v711

15. In the previous 12 months, how many lame **resident** equines from question 3 received the following therapies to treat lameness? *[Equines may be counted more than once, but if treatments are repeated count that treatment only once.]*
- | | |
|---|------------|
| a. Complete rest.....v712 | _____ head |
| b. Controlled or restricted exercisev713 | _____ head |
| c. Routine hoof trimming without shoes.....v714 | _____ head |
| d. Routine hoof trimming with routine shoeing.....v715 | _____ head |
| e. Corrective hoof trimming without shoes.....v716 | _____ head |
| f. Corrective shoeingv717 | _____ head |
| g. Ice, cold hosing, cold or heat therapyv718 | _____ head |
| h. Nonsteroidal, anti-inflammatory medications [NSAID]
(phenylbutazone [bute], flunixin meglumine/Banamine®,
diclofenac/Surpass®, firocoxib/Equioxx®, etc.)v719 | _____ head |
| i. Site-specific injections (joints, tendon sheaths, bursae, etc.)
with corticosteroid anti-inflammatory medicationsv720 | _____ head |
| j. Site-specific injections (joints, tendon sheaths, bursae, etc.) with
other medications (Legend®/hyaluronate sodium [HA], Adequan®/
polysulfated glycosaminoglycan [PSGAG])v721 | _____ head |
| k. Systemic injectable medication other than NSAID
(specify: _____) v722othv722 | _____ head |
| l. Stem cell therapyv723 | _____ head |
| m. Nutritional supplements or nutraceuticals or joint supplements.....v724 | _____ head |
| n. Surgery.....v725 | _____ head |
| o. Chiropracticv726 | _____ head |
| p. Acupuncturev727 | _____ head |
| q. Laser treatmentsv728 | _____ head |
| r. Therapeutic ultrasound for treatment.....v729 | _____ head |
| s. Shockwave therapy.....v730 | _____ head |
| t. Massage.....v731 | _____ head |
| u. Other alternative medicine (specify: _____) v732othv732 | _____ head |
| v. Other treatments (specify: _____) v733othv733 | _____ head |

16. In the previous 12 months, which of the following were used for the **prevention** of lameness for all resident equines, whether or not they are or have ever been lame?
- | | | | |
|---|------|---|--|
| a. Complete rest..... | v734 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Controlled or restricted exercise | v735 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. Routine hoof trimming without shoes..... | v736 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. Routine hoof trimming with routine shoeing..... | v737 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| e. Corrective hoof trimming without shoes..... | v738 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| f. Corrective shoeing | v739 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| g. Ice, cold hosing, cold or heat therapy | v740 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| h. Nonsteroidal, anti-inflammatory medications [NSAID]
(phenylbutazone [bute], flunixin meglumine/Banamine®,
diclofenac/Surpass®, firocoxib/Equioxx®, etc.) | v741 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| i. Site-specific injections (joints, tendon sheaths, bursae, etc.) with
corticosteroid anti-inflammatory medications..... | v742 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| j. Site-specific injections (joints, tendon sheaths, bursae, etc.) with
other medications (Legend®/hyaluronate sodium [HA], Adequan®/
polysulfated glycosaminoglycan [PSGAG]) | v743 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| k. Systemic injectable medication other than NSAID
(specify: _____) v744oth | v744 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| l. Stem cell therapy | v745 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| m. Nutritional supplements or nutraceuticals or joint supplements..... | v746 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| n. Surgery..... | v747 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| o. Chiropractic | v748 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| p. Acupuncture | v749 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| q. Laser treatments | v750 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| r. Therapeutic ultrasound for treatment..... | v751 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| s. Shockwave therapy..... | v752 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| t. Massage..... | v753 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| u. Other alternative medicine (specify: _____) v754oth | v754 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| v. Other treatments (specify: _____) v755oth | v755 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |

Section F—Equine Health Care Expenses

The purpose of this section is to capture the cost of selected aspects of equine care (e.g., veterinary care, hoof care, and insect control) in the previous 12 months. If you cannot provide breakouts of costs in the last column, leave blank and fill in total at bottom for each table.

1. For how many resident equines can you provide information on the costs of hoof care, including trimming and shoeing? Include animals that died or were removed from the operation. v801 _____ head

2. In the previous 12 months, did any resident equines receive the following hoof care? If Yes, enter the typical cost per equine (in dollars).

			Typical cost/equine/ 12 months
a. Routine trimmings v802/v812	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	\$ _____
b. Basic shoes on 2 hooves v803/v813	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	\$ _____
c. Basic shoes on 4 hooves v804/v814	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	\$ _____
d. Corrective shoes on 2 hooves v805/v815	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	\$ _____
e. Corrective shoes on 4 hooves v806/v816	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	\$ _____
f. Hoof protectors/boots v807/v817	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	\$ _____
g. Other (specify: _____) v808oth v808/v818	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	\$ _____
h. Other (specify: _____) v809oth v809/v819	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	\$ _____
i. Other (specify: _____) v810oth v810/v820	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₃ No	\$ _____
j. Total cost for all hoof care v811			\$ _____

3. For how many resident equines can you provide information on the costs of a veterinarian's services? Include animals that died or were removed from the operation. v821 _____ head

4. In the previous 12 months, did any resident equines receive the following veterinary services? If Yes, enter the typical cost per service (in dollars).

			Typical cost/service
a. Farm call	v822/v835	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	\$ _____
b. Emergency call.....	v823/v836	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	\$ _____
c. Routine floating/dental	v824/v837	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	\$ _____
d. Advanced dental treatment	v825/v838	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	\$ _____
e. Physical exam	v826	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	
f. Vaccine purchased from or administered by veterinarian.....	v827	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	
g. Laboratory testing	v828	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	
h. Sick/injured animal treatment.....	v829	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	
i. Mare reproductive services	v830	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	
j. Other (specify: _____)	v831oth v831	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	
k. Other (specify: _____)	v832oth v832	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	
l. Other (specify: _____)	v833oth v833	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	
m. Total cost paid to a veterinarian for all services.....	v834		\$ _____
(Does not necessarily equal v835–v838; should include costs for 4a–4m.)			

5. For how many resident equines can you provide information on the costs of insect and tick control? *Include animals that died or were removed from the operation.* v839 _____ head
6. In the previous 12 months, were the following insect- and tick-control products used for any resident equines? Enter the total cost (in dollars) spent on insect and tick control.
- a. Fly masks v840 ₁ Yes ₃ No
 - b. Fly sheets v841 ₁ Yes ₃ No
 - c. Sprays v842 ₁ Yes ₃ No
 - d. Mosquito dunks v843 ₁ Yes ₃ No
 - e. Roll-on v844 ₁ Yes ₃ No
 - f. Spot-on treatments..... v845 ₁ Yes ₃ No
 - g. Feeding/feed-through fly control product v846 ₁ Yes ₃ No
 - h. Parasitic fly predators..... v847 ₁ Yes ₃ No
 - i. Barn insect spray system..... v848 ₁ Yes ₃ No
 - j. Bug zapper..... v849 ₁ Yes ₃ No
 - k. Hanging insect/fly trap attractant (e.g., fly bag, sticky tape) v850 ₁ Yes ₃ No
 - l. Other v851 ₁ Yes ₃ No
 - m. Total cost paid for insect and tick control..... v852 \$ _____
7. For how many resident equines can you provide information on the costs of veterinary products? *Include animals that died or were removed from the operation.* v853 _____ head
8. In the previous 12 months, were the following veterinary products used for any resident equines?
- a. Vaccines (purchased, not obtained from veterinarian) v854 ₁ Yes ₃ No
 - b. Dewormers..... v855 ₁ Yes ₃ No
 - c. Other drugs v856 ₁ Yes ₃ No
 - d. Vitamin/mineral nutritional supplements v857 ₁ Yes ₃ No
 - e. Joint supplements v858 ₁ Yes ₃ No
 - f. Medical supplies (e.g., bandages, poultices) v859 ₁ Yes ₃ No
 - g. Other (specify: _____) v860oth..... v860 ₁ Yes ₃ No
 - h. Other (specify: _____) v861oth..... v861 ₁ Yes ₃ No
 - i. Other (specify: _____) v862oth..... v862 ₁ Yes ₃ No
 - j. Total cost paid for all veterinary products v863 \$ _____
9. In the previous 12 months, what was the typical annual cost per equine for vaccination? v864 \$ _____/head
10. In the previous 12 months, who administered these vaccines:
- a. Veterinarian?..... v865 ₁ Yes ₃ No
 - b. Operation personnel, including owner? v866 ₁ Yes ₃ No

Section G—Office Use Only

State FIPS: _____ <small style="text-align: center;">2 digits</small>	Operation #: _____ <small style="text-align: center;">4 digits</small>	Interviewer: _____ <small style="text-align: center;">Initials</small>	Date: <u> </u> / <u> </u> / <u> </u> <small style="text-align: center;">(mm/dd/yy)</small>
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End time [military]: _____ vtime

1. Enter interview response code: v901

- ₁ Out of business
- ₂ Refusal
- ₃ Complete
- ₄ Partial refusal
- ₅ Inaccessible
- ₆ Ineligible
- ₇ No resident equines on July 1

2. VMO note: If item 1 = 2 or 4, check the box below that best explains the reason for refusal. v902

- 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

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

- | | | | |
|------------------------------------|------|---|--|
| a. Records | v903 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Checked with veterinarian | v904 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |

4. Did respondent use/do any of the following to answer **economic** questions:

- | | | | |
|---|------|---|--|
| a. Records | v905 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Checked with accountant | v906 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. Checked with veterinarian | v907 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. Checked with hay/feed supplier | v908 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |

