Equine Fact Sheet

We are committed to finding safe, loving homes for our rescued animals and want to make sure that you are making an informed decision when choosing to adopt. Please read this Fact Sheet carefully before filling out the application, as well as do your own research.

Characteristics

- Horses often live 30+ years and can occasionally live into their 40s. The oldest horse on record made it to 62 years old. Donkeys and Mules have a lifespan of 30-50 years.
- There are over 300 breeds of horses, varying in size from minis to draft breeds.
- Equines are herd animals and must live with another equine for their health and happiness. Goats can be good companions to horses too, and are often used to keep a horse recovering from injury company until s/he can rejoin the herd.
- Donkeys and Mules are known to be good guard animals for flocks of sheep. Use caution when housing sheep with equines during mating season. Male sheep displaying mating behavior, even if neutered, can be seen as a threat to the herd by your donkey. A donkey kick can cause serious injury or death.
- Before adopting Equines:
  - Check your local zoning regulations to make sure that you can have them or visit boarding facilities to find one that meets the needs of you and your equine.
  - Make sure that you have the time to care for them and that you have responsible caretakers to cover for you in the event of illness or when on vacation.
  - Take a hard look at your finances: horses cost several hundred dollars per month to care for, and medical emergencies can cost thousands of dollars.

Shelter & Fencing

- Equines may be housed on either a “full-pasture” or “turn-out” basis. Those with 24/7 access to pasture need a run-in shed to keep them protected from wind, cold, and heat. The run-in should face away from prevailing winds and be ventilated, but not have direct drafts. Equines who are turned out to graze should have a stall that is at least 10’ x 10’. If you are boarding your horse, you should speak with the barn manager about the turn-out schedule. Most healthy horses are happiest with 24/7 pasture access, but horses who are older, injured, or on special diets may prefer stall board with turn-out. Stalls need shavings to absorb urine and provide a soft, dry surface to stand on.
- Stalls and/or run-in sheds should be mucked daily.
- In addition to adequate shelter, you will need a fenced-in pasture. You should have a minimum of 1 acre per equine (1/2 acre for minis or small ponies). Fencing should be at least 4’ high and can be wood, woven wire, vinyl, conventional electric or electric tape. A 1” x 6” top oak top rail is highly recommended if your fence is woven wire; without it, horses can press down wire fencing to get to grass on the other side, and quickly learn how easy it is to escape! Barbed wire fencing is never OK! The fence must be visible to your horse to prevent him/her from trying to run through it. If you use electric wire fence, be sure to have colored markers attached so your horse can see it.
**Feeding**

- Equines typically eat 2% of their body weight per day in hay, forage, and grain. Your equine’s specific diet depends on age, health issues, activity level, and season (i.e. access to grazing).
- If you need to change your equine’s diet, do so gradually. They have sensitive digestive systems and a sudden change in diet can easily lead to colic. Never feed you horse lawn clippings or allow it to graze on a freshly mowed lawn. The clippings ferment quickly and can cause colic.
- It is generally recommended to feed hay or forage for the majority of your horse’s diet and to supplement with grain only when needed.
- Do not exercise your horse for at least one hour after eating.
- Salt should always be available to your horse - either add approximately one to two ounces to your horse's feed or make available a free-choice salt block.
- Clean, fresh water must be provided at all times. Horses drink 10-12 gallons of water per day, more in hot weather. Do not allow your horse to gulp down a bucket of water after exercise as this can cause colic. Allow just a few sips until your horse’s breathing has returned to a normal rate.

**Health Care**

- You should check your equine friend daily for lumps, scratches, lameness, runny eyes/nose, normal gum color (bright pink and moist), and any behavior that isn’t typical to your friend. **Equines can be very subtle in telling you something is wrong**, so it’s important to learn to read your equine’s mood and body language. Also check your horse’s manure daily for any changes in color or consistency that could be an indication of digestive issues.
- **Farrier care** - Equines need to have a hoof trim about every 4-6 weeks. The rate of hoof growth varies with genetics, diet, terrain, and activity level. Most equines do not need to wear shoes unless they are being treated for a hoof condition that requires them or live in areas with rough terrain. Keeping your equine’s hooves clean and dry can help prevent some common hoof ailments.
- **Vaccines** – Equines are generally vaccinated in the spring for Rabies, EWT, and West Nile. Many vets also recommend vaccines for Potomac Fever and Lyme. Horses, Donkeys, and Mules all receive the same type of vaccines.
- Additionally, we recommend that equines be tested for **Equine Infectious Anemia** at least every two years if they are boarded at a facility where animals come and go. This is a highly contagious viral disease for which there is no vaccine and no cure. Some boarding facilities may require annual or even more frequent testing (via a simple blood test known as a Coggins test) if they have boarders who travel and may be exposed while on the road.
- **Grooming** – Most equines love to be groomed! It’s a great opportunity to bond with your animal while keeping him/her healthy. Equines who are not groomed regularly can develop rain rot (a fungal skin infection), have tangled manes and tails, and have minor cuts or scrapes go undetected.
- **Dental** – Your equine should have an annual dental exam. This can be performed by either a vet or an equine dentist.
- **Worming** – You should have your vet do a fecal test to determine when and with what product to use for worming. The test results will include when the next test should be performed. The old standard was to worm on a rotational basis every 6-8 weeks, but new data shows that regular fecal testing is more effective – your horse won’t receive unnecessary or ineffective medication.

**Common Ailments**

- **Colic** is one of the most frightening conditions an equine owner can experience! It is also, unfortunately, one of the most common ailments in horses. Since horses lack the ability to vomit, the gut easily becomes blocked or, in severe cases, twisted. Causes of colic vary greatly (vets tell us that
they learn in vet school that the cause of colic is “change”) but can include stress, sudden diet change, severe weather, drinking lots of water after exercise, and parasites. Time with your equine friend will tell you whether your horse is especially “colic-prone,” and both time and experience will teach you how to respond effectively to the earliest symptoms in order to prevent colic from quickly becoming life-threatening. While you are getting to know your equine friend, and/or if you are anything less than an “expert,” call your veterinarian immediately if you notice two or more of these symptoms in your horse:

**Typical early signs:**

- Raising of the tail
- Frequent pawing of the ground
- Frequent yawning and/or stretching as if to alleviate stress
- Frequent shifting of weight
- Anxious expression that is not normal
- Trying to urinate without success
- Looking or biting at sides

**Signs that colic is well under way and horse is in distress. An emergency call must be made at this point, as colic is life-threatening at this point:**

- Breathing faster than normal
- Grunting, sighing, or groaning
- Unusual restlessness or uneasiness
- Sweating when resting
- Raised temperature
- Pressing against the wall with his hindquarters
- Kicking or writhing
- Lying down or crouching

We also recommend that your vet teach you how to give an injection, how to listen for “gut sounds,” how to take your horse’s temperature, and that you have on hand and easily accessible a stethoscope, a digital thermometer, a box of 10, 12, or 20-cc syringes and 16-gauge needles and a refrigerated bottle of Banamine, available from your vet.

- **Founder / Laminitis:** Laminitis is an inflammation of the hoof that can be caused by injury, poor hoof care, or a rich diet. Signs of laminitis include hot hooves, excessive lying down, lameness, and standing with front hooves outstretched (to take pressure off them). If laminitis is left untreated it can lead to a detachment and rotation of the coffin bone inside the hoof. Rotation of the coffin bone is very painful, irreversible, and even crippling. If you suspect this condition, call your veterinarian immediately.

- **Rain rot:** is a common fungal skin infection that is highly contagious. Horses are susceptible when moisture becomes trapped in under their thick winter coats of hair or when they are wet for extended periods of time in other seasons. Rain rot appears as crusty scabs &/or matted tufts of hair that reveal pink skin underneath, often accompanied by pus. Keeping your equine’s coat clean and dry with attentive grooming can minimize the occurrence of rain rot. Treatment includes daily use of medicated shampoo and removal of scabs & mats.

- **Uveitis (Moon Blindness):** One of the most common eye problems in horses is chronic uveitis, or inflammation of the eye. Common symptoms include redness, swelling, cloudiness, squinting, and increased tearing. There can also be corneal abrasions if your equine has been rubbing the eye. Uveitis
can lead to cataracts, glaucoma, and blindness. The specific cause of recurrent uveitis has not been nailed down, but the prevailing theory is that the horse develops antibodies that mistakenly attack the eye tissue. Each subsequent bout of uveitis tends to be worse than the previous. Appaloosas are 8 times more susceptible than other breeds. Treatment generally includes lifelong medicated eye drops or gel to maintain vision and comfort for as long as possible. If the eye is blind or pain from uveitis cannot be controlled, then the eye should be surgically removed.