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Vaccination Schedules

<u>Category</u>	<u>Jan.</u>	<u>Feb.</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug.</u>	<u>Sept.</u>	<u>Oct.</u>	<u>Nov.</u>	<u>Dec.</u>
Performance Horses (High Risk)		EWT-WNV (if previously unvaccinated)	EWT-WNV Rabies F/R	PHF* BOT* (Endemic areas only)			F/R	PHF* (Endemic areas only)	EWT-WNV		F/R	
Pleasure Horses (Low Risk)		EWT-WNV (if previously unvaccinated)	EWT-WNV Rabies F/R	PHF* BOT* (Endemic areas only)				PHF* (Endemic areas only)	EWT-WNV F/R			
Yearlings			EWT-WNV Rabies F/R			F/R			F/R			F/R
Breeding Stallions	EWT WNV Rabies F/R							F/R			F/R	

See next page for detailed information on mares and foals.

Core Vaccinations: Eastern and Western Encephalitis / Tetanus (EWT) - West Nile Virus (WNV), Rabies, Influenza / Rhinopneumonitis (F/R)

Risk Dependent Vaccinations: Potomac Horse Fever (PHF), Strangles, Botulism (BOT), Equine Viral Arteritis (EVA)

The veterinarians at Old Dominion can help tailor a vaccination protocol to your horses' specific needs.



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Pregnant Mare and Foal Vaccination/Deworming Schedules

Pregnant Mare Vaccinations:

3 months: Rhinomune* (optional)

5 months: Rhinomune 1

7 months: Rhinomune 2

9 months: Rhinomune 3, Rabies, EWT-WNV* (If previously unvaccinated)

10 months: EWT-WNV, F/R (Remember to open caslicks)

Botulism at 7, 9, and 10 months for previously unvaccinated mares or once at 10 months for previously vaccinated mares.

Rotavirus at 7, 9, and 10 months for mares foaling in endemic areas.

Pregnant Mare Deworming:

2 weeks prior to foaling date – Strongid x2

3 weeks post-foaling – Ivermectin

Foal Vaccinations:

4 months: EWT-WNV, F/R

5 months: EWT-WNV, F/R

6 months: EWT-WNV, F/R, ± PHF

7 months: Rabies, ± PHF

Foal Deworming:

Begin deworming foals at 6 weeks of age with the deworming schedules below; should receive a minimum 4 deworming treatments in first year.



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Deworming Schedules:

There are many schedules and recommendations for deworming. The following schedules work well in our region.

Strategic Deworming: You can decrease your horse's exposure to dewormer medications and help reduce the incidence of parasite resistance by performing **fecal exams** every 3-6 months. Horses should be treated at **minimum 2 times per year**, or more frequently based on their risk and fecal results. Ask an Old Dominion veterinarian for more information.

Visit the AAEP Guidelines (<https://aaep.org/guidelines/internal-parasite-control-guidelines>) for more information

Young Horses (yearlings and two-year olds): Treat at minimum 4 times per year.

6 Week Interval

*Recommended for farms with high intensity training or horses turned out on densely populated paddocks

Jan. 1 st	Panacur
Mid-Feb.	Ivermectin
April 1 st	Equimax or Strongid x2
Mid-May	Panacur
July 1 st	Ivermectin
Mid-Aug.	Panacur powerpack
Oct. 1 st	Panacur
Mid-Nov.	Ivermectin

8 Week Interval

*Recommended for horses lightly trained or horses turned out on sparsely populated paddocks

January	Panacur
March.	Strongid
May	Equimax or Strongid x2
July	Panacur
September	Strongid x2
November	Ivermectin

3 Month Interval with Fecals

*Recommended for strategic deworming

Winter	Fecal, ± Panacur
Spring	Ivermectin or Quest
Summer	Fecal, ± Strongid
Fall (after 1 st frost)	Equimax or Quest Plus



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MORE INFORMATION - VACCINES

Visit the AAEP Guidelines (<https://aaep.org/guidelines/vaccination-guidelines>) for detailed information

Eastern and Western Encephalitis + Tetanus (EWT)	EEE and WEE are carried by mosquitoes. Tetanus is in the environment.	- Annual booster prior to mosquito season recommended - High risk areas (prolonged mosquito season): additional booster after 6 mo recommended - Tetanus booster recommended after penetrating injury if last dose over 6 mo ago - Initial series: 2 injections 4-6 wks apart
West Nile Virus (WNV)	Carried by mosquitoes. Infectious to humans.	- WNV is given in combination with EWT at the recommended dosing interval
Rabies (RV)	Carried by wild animals. Infectious and fatal to humans.	- Annual booster recommended
Influenza (EIV) + Rhinopneumonitis (EHV-1 /4) (F/R)	Involved in cold-like respiratory disease. EHV-4 can cause neurologic disease.	- Booster recommended every 6 mo - Booster every 3-4 mo for high risk horses - Initial series: 2 injections 3-4 wks apart
Potomac Horse Fever (PHF)	Carried by snails, causes diarrhea. Vaccinated horses have a similar likelihood of developing the disease but a higher survival rate.	- Annual booster in spring recommended - Second booster in August recommended for certain regions - Initial series: 2 injections 3-4 wks apart
Botulism (BOT)	Found in round-bale hay, causes neurologic disease - uncommon in this region	- Annual booster recommended - Initial series: 3 injections 4 wks apart.
Rhinomune/Pneumabort (EHV-1/4)	Prevents viral abortions in mares	- Given at 5, 7, and 9 months of pregnancy.
Strangles	Involved in respiratory disease. Risk of adverse reactions ranging from nasal discharge and fever to purpura hemorrhagica.	- Annual booster - Initial series: 2 doses 2-3 wks apart - Not recommended during outbreak



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MORE INFORMATION - DEWORMERS

Dewormer Name	Active Ingredient(s)	Efficacy	Notes
Panacur	Fenbendazole	Ascarids (roundworms) for foals/yearlings Strongyles	- Strongyle resistance well documented.
Panacur PowerPak	Fenbendazole, 5-day double dose	Ascarids (roundworms) for foals/yearlings Strongyles (inc. encysted)	- Strongyle resistance well documented.
Strongid (Exodus)	Pyrantel pamoate	Strongyles Double dose (Strongid x2) for tapeworms	- Strongyle resistance well documented.
Ivermectin	Ivermectin	Strongyles + Bots	- Toxic to some dogs.
Equimax	Ivermectin / Praziquantel	Strongyles + Bots / Tapeworms	- Toxic to some dogs.
Quest	Moxidectin	Strongyles (inc. encysted) + Bots	- Can substitute for Ivermectin once yearly. - Toxic to dogs. - Not recommended for foals <4 mo, thin horses, immune-compromised horses, miniature donkeys
Quest Plus	Moxidectin / Praziquantel	Strongyles (inc. encysted) + Bots / Tapeworms	- Toxic to dogs. - Not recommended for foals <4 mo, thin horses, immune-compromised horses, miniature donkeys