# 2026 GENERAL EQUINE HEALTH AND MANAGEMENT QUESTIONNAIRE

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**United States Department of Agriculture**

**NATIONAL AGRICULTURAL STATISTICS SERVICE**

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Please make corrections to name, address, and ZIP Code, if necessary.



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DATE (MM DD YY) 001 ___ ___ ___

BEGINNING TIME [MILITARY] (H H M M) 002 ___ ___ ___ ___

**Instructions:** We would like to ask you some questions about your equine operation to understand important health and management issues in the equine industry. Some questions ask about health and management of equines from August 1, 2025, through July 31, 2026. Please consult your records as needed. Response is voluntary and not required by law. However, your support is needed to make regional and national estimates as accurate as possible.

1. Which of the following functions apply to this operation? (*Check all that apply.)*

003 ☐ Equine boarding stable/training
004 ☐ Riding stable (give lessons, rent equines, etc.)
005 ☐ Rescue/rehabilitation facility
006 ☐ Equine breeding farm
007 ☐ Guest ranch
008 ☐ Farm or ranch
009 ☐ Residence with equines for personal use (show, pleasure, recreation, etc.)
010 ☐ Other (specify:1010 _____)

2. Of the functions checked in Item 1, which do you consider to be this operation's **primary** function? (*Check one)*

011
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, recreation, etc.)
8 ☐ Other (specify:1011 _____)

In this survey, **equines**, include horses, miniature horses, ponies, donkeys, burros, and mules. **Resident equines** refer to those that have spent or are expected to spend more time at this operation than other operations. This operation could therefore be considered the resident equine's "home base."

3. Did this operation have any resident equines on August 1, 2026?

012 1 ☐ Yes - Go to Section A  3 ☐ No - Go to Section H

## 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 August 1, 2026? (*Check one)*

101
1 ☐ Pleasure/recreation
2 ☐ Lessons/school
3 ☐ Showing/competition (non-betting)
4 ☐ Breeding
5 ☐ Racing
6 ☐ Farm or ranch work
7 ☐ Retired, not in use
8 ☐ Other (specify:1101 _____ )

2. As of August 1, 2026, how many of the following types of equines, including foals, were considered resident equines of this operation, whether present or not on the operation that day:

| | None | Head |
|---|---|---|
| a. Donkeys or burros? | ☐ | 102 |
| b. Mules? | ☐ | 103 |
| c. Ponies? | ☐ | 104 |
| d. Miniature horses? | ☐ | 105 |
| e. Horses, excluding miniature horses? | ☐ | 106 |
| f. Other resident equines? (specify:1107 _____ ) | ☐ | 107 |
| g. **Total** (add Items 2a–2f) | ☐ | 108 |

3. As of August 1, 2026, how many of the total resident equines (Item 2g) were:

| | None | Head |
|---|---|---|
| a. Birth to 30 days of age? | ☐ | 109 |
| b. More than 30 days but less than 6 months of age? | ☐ | 110 |
| c. 6 months to less than 1 year of age? | ☐ | 111 |
| d. 1 year to less than 5 years of age? | ☐ | 112 |
| e. 5 years to less than 20 years of age? | ☐ | 113 |
| f. 20 years to less than 30 years of age? | ☐ | 114 |
| g. 30 years of age or older? | ☐ | 115 |
| h. Total 1 year of age or older (add Items 3d–3g) | ☐ | 116 |
| i. Total (add Items 3a–3g; should equal Item 2g) | ☐ | 117 |

4. As of August 1, 2026, how many of the resident equines 1 year of age or older (Item 3h) were:

| | None | Head |
|---|---|---|
| a. Intact males (stallions and colts)? | ☐ | 118 |
| b. Castrated males (geldings)? | ☐ | 119 |
| c. Intact nonpregnant females? | ☐ | 120 |
| d. Pregnant females? | ☐ | 121 |
| e. Spayed females? | ☐ | 122 |
| f. Unknown status? | ☐ | 123 |
| g. **Total** (add Items 4a–4f; should equal Item 3h) | ☐ | 124 |

## Section A - Equine Inventory (continued)

5. As of August 1, 2026, how many of the total resident equines (Item 2g) had the following type(s) of identification: (Each resident equine can have more than one method of identification.)

| | | None | Head |
|---|---|---|---|
| a. | Hot-iron brand (usually looks like a scar)? | ☐ | 125 |
| b. | Freeze brand (usually results in white or different color hair)? | ☐ | 126 |
| c. | Microchip? | ☐ | 127 |
| d. | Tattoo? | ☐ | 128 |
| e. | Official brand inspection (card with markings indicated or sketch)? | ☐ | 129 |
| f. | Registration papers? | ☐ | 130 |
| g. | DNA (blood or hair)? | ☐ | 131 |
| h. | Coggins (EIA) test papers (laboratory test results)? | ☐ | 132 |
| i. | Halters or collars with name or number? | ☐ | 133 |
| j. | Passport? | ☐ | 134 |
| k. | Other ID? (specify: 1135 _____) | ☐ | 135 |

6. Of the resident equines you reported having on August 1, 2026 (Item 2g), how many were you planning to rehome because they are no longer suited for their intended purpose?

| | None | Head |
|---|---|---|
| 1136 | ☐ | 136 |

7. From August 1, 2025, through July 31, 2026, what did you consider to be the primary agricultural focus of this operation? (*Check one)*

137
- 1 ☐ Equine products such as foals, embryos, semen, breeding fees
- 2 ☐ Equine activities such as boarding, training, lessons, trail rides
- 3 ☐ Other livestock or animal production
- 4 ☐ Crops such as hay, grains, fruits, beans, vegetables, etc.
- 5 ☐ Other (specify: 1137 _____)

## Section B - Health Care

1. From August 1, 2025 through July 31, 2026, did you consult the following resources regarding equine **health care decisions**:

| | | | | | | |
|---|---|---|---|---|---|---|
| a. | Private practice or academic teaching hospital veterinarian? | 201 | 1 ☐ Yes | 3 ☐ No |
| b. | Equine nutritionist who is not a licensed veterinarian? | 202 | 1 ☐ Yes | 3 ☐ No |
| c. | Equine alternative treatment provider who is not a licensed veterinarian (e.g., acupuncturist, chiropractor, massage therapist)? | 203 | 1 ☐ Yes | 3 ☐ No |
| d. | Equine dental provider who is not a licensed veterinarian? | 204 | 1 ☐ Yes | 3 ☐ No |
| e. | Farrier? | 205 | 1 ☐ Yes | 3 ☐ No |
| f. | Extension service including websites and publications, extension agents, university or vocational-agricultural personnel, or 4-H instructors? | 206 | 1 ☐ Yes | 3 ☐ No |
| g. | Riding instructor or horse trainer? | 207 | 1 ☐ Yes | 3 ☐ No |
| h. | Government resources such as USDA, CDC, State, or local government personnel, publications or websites? | 208 | 1 ☐ Yes | 3 ☐ No |
| i. | Other equine owners? | 209 | 1 ☐ Yes | 3 ☐ No |
| j. | Equine associations, meetings or newsletters (including breed or discipline associations)? | 210 | 1 ☐ Yes | 3 ☐ No |
| k. | Feed store or veterinary supply store personnel? | 211 | 1 ☐ Yes | 3 ☐ No |
| l. | Radio, TV or newspaper? | 212 | 1 ☐ Yes | 3 ☐ No |
| m. | Equine magazines or reference books? | 213 | 1 ☐ Yes | 3 ☐ No |
| n. | Social media such as X (Twitter), Facebook, NextDoor, YouTube, or blogs? | 214 | 1 ☐ Yes | 3 ☐ No |
| o. | Internet search or AI such as Google, Siri, Alexa, or ChatGPT? | 215 | 1 ☐ Yes | 3 ☐ No |
| p. | Other Web/Internet? | 216 | 1 ☐ Yes | 3 ☐ No |
| q. | Other? (specify:[1217]_____) | 217 | 1 ☐ Yes | 3 ☐ No |

**(If Items 1a–1q ALL = No, go to Item 3.)**

**Row Letter**

2. Of the choices in Item 1, what resource was used most frequently? *(Enter one row letter from item 1.)* 218 ☐

3. From August 1, 2025, through July 31, 2026, did you use any of the following resources from the Equine Disease Communication Center (EDCC)? (*Check all that apply.)*

EDCC equine disease communication center

219 ☐ I visited the website (https://www.equinediseasecc.org/)
220 ☐ I downloaded or used the app
221 ☐ I read email alerts
222 ☐ I used EDCC's disease or biosecurity information (e.g., I read the materials or watched videos)
223 ☐ I read EDCC social media posts or watched videos on social media, like Facebook, X (Twitter), or YouTube
224 ☐ I submitted a message through the website or emailed the organization (edcc@aaep.org)
225 ☐ I've heard of the EDCC, but didn't access any of their resources
226 ☐ I've never heard of the EDCC

## Section B - Health Care (continued)

4. From August 1, 2025, through July 31, 2026, did a veterinarian provide resident equines with the following services at least once:

| | | | | | |
|---|---|---|---|---|---|
| a. | Wellness care (such as examination of healthy equines, check-up, vaccination, deworming, or routine blood tests)? | 227 | 1 ☐ Yes | 3 ☐ No |
| b. | Care for sick or injured equines (such as lameness examination, colic, injury, blood testing, treatment, or surgery)? | 228 | 1 ☐ Yes | 3 ☐ No |
| c. | Reproductive services (such as ultrasound, semen collection, or artificial insemination)? | 229 | 1 ☐ Yes | 3 ☐ No |
| d. | Dentistry (such as floating teeth or removing teeth)? | 230 | 1 ☐ Yes | 3 ☐ No |
| e. | Nutritional consultation? | 231 | 1 ☐ Yes | 3 ☐ No |
| f. | Diagnostic tests for individuals or herd (for example, Coggins test)? | 232 | 1 ☐ Yes | 3 ☐ No |
| g. | Official health certificate (certificate of veterinary inspection, CVI)? | 233 | 1 ☐ Yes | 3 ☐ No |
| h. | Purchase or insurance examination? | 234 | 1 ☐ Yes | 3 ☐ No |
| i. | Biosecurity assessment to prevent or control infectious disease beyond vaccination? | 235 | 1 ☐ Yes | 3 ☐ No |
| j. | Alternative therapies (such as massage, chiropractic, acupuncture, bodywork, Reiki, herbal or naturopathic treatments)? | 236 | 1 ☐ Yes | 3 ☐ No |
| k. | Other? (specify:[1237]_____) | 237 | 1 ☐ Yes | 3 ☐ No |

5. From August 1, 2025, through July 31, 2026, did resident equines receive any of the following types of consultations from veterinarians? For each type of consultation used, indicate the total number of times it was used during this time frame:

| | **Receive consultation?** [If Yes, answer next column] | **Number of Times** |
|---|---|---|
| a. On-site visit by veterinarian? | 1238 1 ☐ Yes 3 ☐ No | 238 |
| b. Took equines to veterinary hospital? | 1239 1 ☐ Yes 3 ☐ No | 239 |
| c. By phone, text, email, or video conference (e.g., telemedicine, not in person)? | 1240 1 ☐ Yes 3 ☐ No | 240 |
| d. Other? (specify:[1241]_____) | 241 1 ☐ Yes 3 ☐ No | 2241 |

6. From August 1, 2025, through July 31, 2026, how difficult was it to get each of the following types of equine health services? (*For each type of service, select from not at all, slightly, somewhat, very, extremely, or did not seek.)*

| **Service** | **How difficult to get?** | | | | | **Did not seek this service** |
|---|---|---|---|---|---|---|
| | **Not at all** | **Slightly** | **Somewhat** | **Very** | **Extremely** | |
| a. Emergency services from veterinarians (for urgent health problems) 242 | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| b. Non-emergency services from veterinarians (such as general exam, vaccinations, dental care, lameness exam, reproductive services) 243 | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| c. Veterinarian coverage for shows or events 244 | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |
| d. Farrier services 245 | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ |

**(If Items 6a–6c ALL = 'Did not seek this service', go to Item 8.)**

## Section B - Health Care (continued)

7. From August 1, 2025 through July 31, 2026, did you experience any of the following when seeking veterinarian services for equines? (*Check all that apply.)*

246 ☐ Took longer than expected to get an appointment

247 ☐ Had to see a different veterinarian from my preferred veterinarian

248 ☐ Veterinarian was too far away

249 ☐ Fees were more than I wanted or could afford to pay

250 ☐ Had difficulty with hauling my equines for care

251 ☐ Unable to get a veterinarian during an emergency

252 ☐ Other (specify:[1252]_____)

253 ☐ None of the above

8. What is the approximate driving distance, in miles, from this operation to each type of veterinarian who provides equine services:

| | Miles | |
|---|---|---|
| a. Farm call distance for **nearest** veterinarian for equines? | 254 | 1254 2 ☐ Don't Know |
| b. Farm call distance for **preferred** veterinarian for equines? | 255 | 1255 2 ☐ Don't Know |
| c. Distance to closest clinic or hospital that offers equine surgical, medical, overnight and emergency care? | 256 | 1256 2 ☐ Don't Know |

9. Do you have access to a horse trailer or other method to transport resident equines that can be used for:

a. Transporting to the veterinarian? 257 1 ☐ Yes 3 ☐ No

b. Transporting all resident equines in the event of an evacuation for emergency or natural disaster? 258 1 ☐ Yes 3 ☐ No

## Section C - Health Management

1. How familiar are you with equine infectious anemia (EIA)? This is the disease for which a Coggins test is done. (*Check one)*

301
- 1 ☐ Have not heard of it before
- 2 ☐ Recognized the name, not much else
- 3 ☐ Know some basics
- 4 ☐ Knowledgeable on EIA

**(If Item 1 = 1, go to Item 4.)**

| | | None | Head |
|---|---|---|---|
| 2. From August 1, 2025, through July 31, 2026, how many resident equines were tested for EIA? (INCLUDE Coggins or other tests for EIA.)..... | 1302 | ☐ | 302 |

**(If Item 2 = None, go to Item 4.)**

| | Dollars |
|---|---|
| 3. What was the average cost per EIA test? Include the call fee, cost of transportation, and any other associated costs..... | 303 |

4. How familiar are you with New World Screwworm? (*Check one)*

304
- 1 ☐ Have not heard of it before
- 2 ☐ Recognized the name, not much else
- 3 ☐ Know some basics
- 4 ☐ Knowledgeable on New World Screwworm

5. From August 1, 2025, through July 31, 2026, were **any** vaccines administered to any resident equine?..... 305 1 ☐ Yes 3 ☐ No 2 ☐ Don't Know

**(If Item 5 = No or Don't Know, go to Item 9.)**

6. From August 1, 2025, through July 31, 2026, who administered the **majority** of the vaccines to resident equines? *(Check one)*

306
- 1 ☐ Veterinarian
- 2 ☐ Equine owner
- 3 ☐ Equine trainer
- 4 ☐ Operation personnel who are not the equine owner or trainer
- 5 ☐ Other (specify: 1306_____)

7. From August 1, 2025, through July 31, 2026, which of the following was the **primary** source of vaccines administered to resident equines? *(Check one)*

307
- 1 ☐ Veterinarian
- 2 ☐ Feed store or veterinary supply store
- 3 ☐ Catalog/Internet
- 4 ☐ Another source (specify: 1307_____)

## Section C - Health Management (continued)

8. From August 1, 2025, through July 31, 2026, were any resident equines vaccinated against the following diseases? (Please refer to the Product Reference Card for vaccine information.)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| a. | Flu (influenza)? | 308 | 1 ☐ Yes | 3 ☐ No | 2 ☐ Don't Know |
| b. | Strangles (*Strep equi*)? | 309 | 1 ☐ Yes | 3 ☐ No | 2 ☐ Don't Know |
| c. | Rhino (Equine Herpesvirus (EHV-1))? | 310 | 1 ☐ Yes | 3 ☐ No | 2 ☐ Don't Know |
| d. | Rabies? | 311 | 1 ☐ Yes | 3 ☐ No | 2 ☐ Don't Know |
| e. | West Nile Virus (WNV)? | 312 | 1 ☐ Yes | 3 ☐ No | 2 ☐ Don't Know |
| f. | Eastern and Western Equine Encephalitis (EEE & WEE or sleeping sickness)? | 313 | 1 ☐ Yes | 3 ☐ No | 2 ☐ Don't Know |
| g. | Tetanus? | 314 | 1 ☐ Yes | 3 ☐ No | 2 ☐ Don't Know |
| h. | Equine Viral Arteritis (EVA)? | 315 | 1 ☐ Yes | 3 ☐ No | 2 ☐ Don't Know |
| i. | Venezuelan Equine Encephalitis (VEE)? | 316 | 1 ☐ Yes | 3 ☐ No | 2 ☐ Don't Know |
| j. | Potomac Horse Fever (PHF)? | 317 | 1 ☐ Yes | 3 ☐ No | 2 ☐ Don't Know |
| k. | Other? (specify: 1318 _____) | 318 | 1 ☐ Yes | 3 ☐ No | 2 ☐ Don't Know |

9. From August 1, 2025, through July 31, 2026, which of the following best describes the primary equine dental-care provider used for resident equines? (*Check one*)

319
1 ☐ Veterinarian
2 ☐ Equine dental-care provider who is not a veterinarian
3 ☐ Other (specify: 1319 _____)
4 ☐ No dental care provided

| | | None | Head |
|---|---|---|---|
| 10. From August 1, 2025, through July 31, 2026, how many resident male equines on this operation underwent a castration procedure? | 1320 | ☐ | 320 |

| | | None | Head |
|---|---|---|---|
| 11. From August 1, 2025, through July 31, 2026, how many resident equines ever had a wound, laceration or sore? | 1321 | ☐ | 321 |

**(If Item 11 = None, go to Item 13.)**

12. From August 1, 2025 through July 31, 2026, did this operation take any of the following actions for resident equines with wounds, lacerations or sores?

| | | | | |
|---|---|---|---|---|
| a. | Had a veterinarian examine the equine | 322 | 1 ☐ Yes | 3 ☐ No |
| b. | Owner, trainer or operation staff provided care | 323 | 1 ☐ Yes | 3 ☐ No |
| c. | Applied bandages | 324 | 1 ☐ Yes | 3 ☐ No |
| d. | Applied topical treatments | 325 | 1 ☐ Yes | 3 ☐ No |
| e. | Used fly control measures | 326 | 1 ☐ Yes | 3 ☐ No |

## Section C - Health Management (continued)

From August 1, 2025, through July 31, 2026, how many times on average did you deworm resident equines that were:

| | Number of times dewormed | If none, check all that apply |
|---|---|---|
| 13. **Less than 6 months old**? | 327 | 1327 1 ☐ Did not deworm<br>2327 1 ☐ Did not have this age |
| 14. **Between 6 and 23 months old**? | 328 | 1328 1 ☐ Did not deworm<br>2328 1 ☐ Did not have this age |
| 15. **24 months and older**? | 329 | 1329 1 ☐ Did not deworm<br>2329 1 ☐ Did not have this age |

16. From August 1, 2025, through July 31, 2026, did you use any of the following deworming drugs? (Please refer to the Product Reference Card for deworming products containing these drugs.)

a. Ivermectin or moxidectin..... 330 1 ☐ Yes 3 ☐ No 2 ☐ Don't Know

b. Fenbendazole..... 331 1 ☐ Yes 3 ☐ No 2 ☐ Don't Know

c. Pyrantel pamoate..... 332 1 ☐ Yes 3 ☐ No 2 ☐ Don't Know

d. Pyrantel tartrate..... 333 1 ☐ Yes 3 ☐ No 2 ☐ Don't Know

e. Praziquantel ..... 334 1 ☐ Yes 3 ☐ No 2 ☐ Don't Know

f. Oxibendazole..... 335 1 ☐ Yes 3 ☐ No 2 ☐ Don't Know

g. Other (specify: 1336 _____)..... 336 1 ☐ Yes 3 ☐ No 2 ☐ Don't Know

17. During the five-year period from 2022-2026, did you ever have a fecal egg count test performed on feces from resident equines?..... 337 1 ☐ Yes 3 ☐ No 2 ☐ Don't Know

**(If Item 17 = No or Don't Know, go to Section D.)**

18. Were the fecal egg count test results used for any of the following? (*Check all that apply.)*

338 ☐ To help guide pasture management practices

339 ☐ To help guide deworming decisions

340 ☐ Fecal egg counts were done both before and after deworming to evaluate effectiveness of dewormers

341 ☐ Part of diagnostic testing for a sick equine

342 ☐ Other (specify: 1342 _____)

343 ☐ None of the above

344 ☐ Don't know

## Section D - Health Events

1. From August 1, 2025, through July 31, 2026, on this operation, were any equines:

| | | | | Head |
|---|---|---|---|---|
| a. Born alive? | 401 | 1 ☐ Yes | 3 ☐ No | 1401 |
| b. Born dead or aborted? | 402 | 1 ☐ Yes | 3 ☐ No | 1402 |

**(If Item 1a = No, go to Item 3.)**

| | | | | Head |
|---|---|---|---|---|
| 2. Did any of the foals born alive from August 1, 2025, through July 31, 2026, die at or before 30 days of age (including euthanasia)? If yes, how many died at or before 30 days of age? | 403 | 1 ☐ Yes | 3 ☐ No | 1403 |
| 3. Were any foals 30 days or less of age moved onto the operation from August 1, 2025, through July 31, 2026? If yes, how many were moved onto the operation? | 404 | 1 ☐ Yes | 3 ☐ No | 1404 |

**(If Item 3 = No, go to Item 4.)**

| | | | | Head |
|---|---|---|---|---|
| a. Did any of these (Item 3) foals die at or before 30 days of age? If yes, how many died at or before 30 days of age? | 405 | 1 ☐ Yes | 3 ☐ No | 1405 |

| | Head |
|---|---|
| 4. The total number of foal deaths in the first 30 days of life from August 1, 2025, through July 31, 2026 was: **Add items 2 and 3a** | 406 |

The next several pages include questions that ask about conditions that affected resident equines on this operation from August 1, 2025, through July 31, 2026.

Column 3 in the upcoming tables asks about antibiotics. An antibiotic is a drug used to treat bacterial infections. Antibiotics can be given by multiple methods including orally; or topically; in the uterus or eye; or injected into a muscle, vein, or joint.

In column 4 of the tables, an equine death should be listed as due to a single **primary** cause, even if an equine died having experienced two or more conditions, such as colic and respiratory disease.

5. From August 1, 2025, through July 31, 2026, were any resident foals less than 6 months of age on this operation?

407 1 ☐ Yes - Continue 3 ☐ No - Go to Item 8

## Section D - Health Events (continued)

6. From August 1, 2025, through July 31, 2026, how many different **resident foals less than 6 months of age** become affected, received an antibiotic, and/or died or were euthanized with the following conditions?

**Answer all columns for resident foals less than 6 months of age, and for the time period from August 1, 2025, through July 31, 2026**

| Condition | Number affected with this condition? Head | Of the (column 2) resident foals, how many received an antibiotic at least once for this condition? Head | Of the (column 2) resident foals, how many died or were euthanized due primarily to this condition? Head |
|---|---|---|---|
| a. Colic | 408 | 427 | 447 |
| b. Other digestive problems such as diarrhea or choke | 409 | 428 | 448 |
| c. Dental problems; do not include routine floating | 410 | 429 | 449 |
| d. Respiratory problems such as EHV, strangles, flu, pneumonia, equine asthma, heaves | 411 | 430 | 450 |
| e. Eye problems | 412 | 431 | 451 |
| f. Skin problems | 413 | 432 | 452 |
| g. Reproductive problems such as hermaphrodite or cryptorchid | 414 | 433 | 453 |
| h. Behavioral problems that affected use, health or safety | 415 | 434 | 454 |
| i. Injury, wounds or trauma | 416 | 435 | 455 |
| j. Lameness, leg, or hoof problems [1] | 417 | 436 | 456 |
| k. Neurologic problems such as spinal problem, wobblers, seizure, West Nile virus, EHM, EPM | 418 | 437 | 457 |
| l. Pigeon fever caused by *Corynebacterium pseudotuberculosis* | 419 | 438 | 458 |
| m. Other infectious disease unrelated to specific body systems such as septicemia, or blood infections | 420 | 439 | 459 |
| n. Chronic weight loss/underweight | 421 | 440 | 460 |
| o. Overweight/obese | 422 | 441 | 461 |
| p. Failure to get milk or colostrum from dam | 423 | 442 | 462 |
| q. Liver or kidney disease | 424 | 443 | 463 |
| r. Fever of undetermined origin | 425 | 444 | 464 |
| s. Other (specify: 1426 _____) | 426 | 445 | 465 |
| t. Treated with antibiotic to prevent disease | | 446 | |
| u. Total died or were euthanized | | | 466 |

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

**Head**

7. From August 1, 2025, through July 31, 2026, how many different resident foals less than 6 months of age were treated with an antibiotic at least once? 467

8. From August 1, 2025, through July 31, 2026, were any resident equines 6 months to less than 20 years of age on this operation?

468 1 ☐ Yes - Continue  3 ☐ No - Go to Item 11

## Section D - Health Events (continued)

9. From August 1, 2025, through July 31, 2026, how many different **resident equines 6 months to less than 20 years of age** become affected with the following conditions?

**Answer all columns for resident equines 6 months to less than 20 years of age, and for the time period from August 1, 2025, through July 31, 2026.**

| Condition | Number affected with this condition ? Head | Of the (column 2) resident equines, how many received an antibiotic at least once for this condition? Head | Of the (column 2) resident equines, how many died or were euthanized due primarily to this condition? Head |
|---|---|---|---|
| a. Colic | 469 | 489 | 510 |
| b. Other digestive problems such as diarrhea or choke | 470 | 490 | 511 |
| c. Dental problems; do not include routine floating | 471 | 491 | 512 |
| d. Respiratory problems such as EHV, strangles, flu, pneumonia, equine asthma, heaves | 472 | 492 | 513 |
| e. Endocrine disorder such as insulin dysregulation (ID), equine metabolic syndrome (EMS), or Cushings (PPID) | 473 | 493 | 514 |
| f. Eye problems | 474 | 494 | 515 |
| g. Skin problems | 475 | 495 | 516 |
| h. Reproductive problems such as abortion, infertility, or infection of the reproductive tract | 476 | 496 | 517 |
| i. Behavioral problems that affected use, health or safety | 477 | 497 | 518 |
| j. Injury, wounds or trauma | 478 | 498 | 519 |
| k. Lameness, leg, or hoof problems [1] | 479 | 499 | 520 |
| l. Neurologic problems such as spinal problem, wobblers, seizure, West Nile virus, EHM, EPM | 480 | 500 | 521 |
| m. Pigeon fever caused by *Corynebacterium pseudotuberculosis* | 481 | 501 | 522 |
| n. Other infectious disease unrelated to specific body systems such as septicemia, or blood infections | 482 | 502 | 523 |
| o. Chronic weight loss/underweight | 483 | 503 | 524 |
| p. Overweight/obese | 484 | 504 | 525 |
| q. Liver or kidney disease | 485 | 505 | 526 |
| r. Cancer | 486 | 506 | 527 |
| s. Fever of undetermined origin | 487 | 507 | 528 |
| t. Other (specify: 1488 _____) | 488 | 508 | 529 |
| u. Treated with antibiotic to prevent disease | | 509 | |
| v. Total died or were euthanized | | | 530 |

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

| | Head |
|---|---|
| 10. From August 1, 2025, through July 31, 2026, how many different resident equines 6 months to less than 20 years of age were treated with an antibiotic at least once? | 531 |

11. From August 1, 2025, through July 31, 2026, were any resident equines 20 years of age or older on this operation?

532 1 ☐ Yes - Continue 3 ☐ No - Go to Item 14

## Section D - Health Events (continued)

12. From August 1, 2025, through July 31, 2026, how many different resident equines **20 years of age or older** became affected with the following conditions?

**Answer all columns for resident equines 20 years of age or older, and for the time period from August 1, 2025, through July 31, 2026.**

| Condition | Number affected with this condition? Head | Of the (column 2) resident equines, how many received an antibiotic at least once for this condition? Head | Of the (column 2) resident equines, how many died or were euthanized due primarily to this condition? Head |
|---|---|---|---|
| a. Colic | 533 | 553 | 574 |
| b. Other digestive problems such as diarrhea or choke | 534 | 554 | 575 |
| c. Dental problems; do not include routine floating | 535 | 555 | 576 |
| d. Respiratory problems such as EHV, strangles, flu, pneumonia, equine asthma, heaves | 536 | 556 | 577 |
| e. Endocrine disorder such as insulin dysregulation (ID), equine metabolic syndrome (EMS), or Cushings (PPID) | 548 | 568 | 589 |
| f. Eye problems | 537 | 557 | 578 |
| g. Skin problems | 538 | 558 | 579 |
| h. Reproductive problems such as abortion, infertility, or infection of the reproductive tract | 539 | 559 | 580 |
| i. Behavioral problems that affected use, health, or safety | 540 | 560 | 581 |
| j. Injury, wounds, or trauma | 541 | 561 | 582 |
| k. Lameness, leg, or hoof problems [1] | 542 | 562 | 583 |
| l. Neurologic problems such as spinal problem, wobblers, seizure, West Nile virus, EHM, EPM | 543 | 563 | 584 |
| m. Pigeon fever caused by *Corynebacterium pseudotuberculosis* | 544 | 564 | 585 |
| n. Other infectious disease unrelated to specific body systems such as septicemia, or blood infections | 545 | 565 | 586 |
| o. Chronic weight loss/underweight | 546 | 566 | 587 |
| p. Overweight/obese | 547 | 567 | 588 |
| q. Liver or kidney disease | 549 | 569 | 590 |
| r. Cancer | 550 | 570 | 591 |
| s. Fever of undetermined origin | 551 | 571 | 592 |
| t. Other (specify: 1552 _____) | 552 | 572 | 593 |
| u. Treated with antibiotic to prevent disease | | 573 | |
| v. Total died or were euthanized | | | 594 |

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

| | Head |
|---|---|
| 13. From August 1, 2025, through July 31, 2026, how many different resident equines 20 years of age or older were treated with an antibiotic at least once? | 595 |

## Section D - Health Events (continued)

The next question asks about the total number of resident equines that died **or** were euthanized in all age groups, including foals, adults, and older equines.

14. For your operation from August 1, 2025, through July 31, 2026, how many total resident equines:

| | None | Head |
|---|---|---|
| a. Died (not euthanized)? | ☐ | 596 |
| b. Were euthanized? | ☐ | 597 |

## Section E - Movement

In this section, the term 'quarantine' 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.

| | None | Head |
|---|---|---|
| 1. From August 1, 2025, through July 31, 2026, how many **nonresident** equines of any age were brought onto this operation for less than 30 consecutive days? | ☐ | 601 |

**(If Item 1 = None, go to Item 3)**

2. For the **majority** of the (Item 1) **nonresident** equines, did this operation always require, sometimes require, or never require a(n):

| | | How often required? | | |
|---|---|---|---|---|
| | | Always | Sometimes | Never |
| a. Official health certificate (certificate of veterinary inspection or CVI)? | 602 | 1 ☐ | 2 ☐ | 3 ☐ |
| b. Veterinary examination other than for official health certificate? | 603 | 1 ☐ | 2 ☐ | 3 ☐ |
| c. Coggins test, also called EIA test or swamp fever test? | 604 | 1 ☐ | 2 ☐ | 3 ☐ |
| d. Vaccination within past year? | 605 | 1 ☐ | 2 ☐ | 3 ☐ |
| e. Deworming within past year? | 606 | 1 ☐ | 2 ☐ | 3 ☐ |
| f. Screening test for strangles or history of no occurrence in past 6 months? | 607 | 1 ☐ | 2 ☐ | 3 ☐ |
| g. Other past medical history from owner? | 608 | 1 ☐ | 2 ☐ | 3 ☐ |
| h. Quarantine prior to contact with resident equines? | 609 | 1 ☐ | 2 ☐ | 3 ☐ |
| i. Other requirements? (specify: 1610_____) | 610 | 1 ☐ | 2 ☐ | 3 ☐ |

3. From August 1, 2025 through July 31, 2026, were any **new resident** equines, including any foals born to **nonresident** mares, added to this operation? (EXCLUDE foals born to **resident** mares.)

611 1 ☐ Yes - Continue 3 ☐ No - Go to Item 6

| | Head |
|---|---|
| 4. From August 1, 2025, through July 31, 2026, how many **new resident** equines were added to this operation? | 612 |

## Section E - Movement (continued)

5. For the **majority** of the (Item 4) **new** resident equines, did this operation always require, sometimes require, or never require a(n):

| | | How often required? | | |
|---|---|---|---|---|
| | | Always | Sometimes | Never |
| a. Official health certificate (certificate of veterinary inspection or CVI)? | 621 | 1 ☐ | 2 ☐ | 3 ☐ |
| b. Veterinary examination other than for official health certificate? | 622 | 1 ☐ | 2 ☐ | 3 ☐ |
| c. Coggins test, also called EIA test or swamp fever test? | 623 | 1 ☐ | 2 ☐ | 3 ☐ |
| d. Vaccination within past year? | 624 | 1 ☐ | 2 ☐ | 3 ☐ |
| e. Deworming within past year? | 625 | 1 ☐ | 2 ☐ | 3 ☐ |
| f. Screening test for strangles or history of no occurrence in past 6 months? | 626 | 1 ☐ | 2 ☐ | 3 ☐ |
| g. Other past medical history from owner? | 627 | 1 ☐ | 2 ☐ | 3 ☐ |
| h. Quarantine prior to contact with resident equines? | 628 | 1 ☐ | 2 ☐ | 3 ☐ |
| i. Other requirements? (specify: 1628 _____) | 629 | 1 ☐ | 2 ☐ | 3 ☐ |

6. From August 1, 2025, through July 31, 2026, were any resident equines transported by vehicle off this operation for any purpose and returned?

680 1 ☐ Yes - Continue 3 ☐ No - Go to Item 9

**Miles**

7. For resident equines that left and returned from August 1, 2025, through July 31, 2026, what was the **farthest** one-way distance any equines traveled from this operation? 630 _____

8. For resident equines that left and returned, did any of the equines attend an event, such as a show, horse trial, Western event, fair, rodeo, race, organized trail ride, breed or discipline inspection, training clinic, or other event?

631 1 ☐ Yes 3 ☐ No

9. Which of the following **best** describes the operation's **general policy** when resident equines leave the operation, comingle with outside equines, and return? *(Check one)*

632
- 1 ☐ Equines never leave this operation
- 2 ☐ Equines never have contact with outside equines after leaving this operation
- 3 ☐ Routinely quarantine equines **after** returning to this operation
- 4 ☐ Routinely quarantine equines **before** returning to this operation
- 5 ☐ Only quarantine equines for a cause such as disease or known exposure to disease
- 6 ☐ Never quarantine returning equines

10. Does this operation quarantine equines that are suspected or confirmed to have a contagious disease? (Select N/A if never had contagious disease.)

633 1 ☐ Yes 3 ☐ No 4 ☐ N/A

## Section E - Movement (continued)

11. From August 1, 2025, through July 31, 2026, did any resident equines permanently leave this operation? (EXCLUDE death and euthanasia.)

642 1 ☐ Yes - Continue 3 ☐ No - Go to Section F

12. From August 1, 2025, through July 31, 2026, how many resident equines permanently left because they were no longer suited for their intended purpose, how many other equines permanently left for other reasons, and how many total equines permanently left?

| | Head |
|---|---|
| a. Equines that left because no longer suited for their intended purpose? | 643 |
| b. All other equines that permanently left? | 644 |
| c. Total equines that permanently left (add items 12a-12b) | 645 |

13. Of the (Item 12c) resident equines that permanently left this operation, how many left for the following reasons:

| | None | Head |
|---|---|---|
| a. Business profit? | ☐ | 646 |
| b. Aged? | ☐ | 647 |
| c. Lameness/injury? | ☐ | 648 |
| d. Reproductive problem? | ☐ | 649 |
| e. Other health problem? | ☐ | 650 |
| f. Behavior problem? | ☐ | 651 |
| g. Too expensive to keep? | ☐ | 652 |
| h. Situation changed, such as owner or children moved or owner illness? | ☐ | 653 |
| i. Boarder decided to move equine? | ☐ | 654 |
| j. Other? (specify: 1655 _____) | ☐ | 655 |
| k. Total (Items 13a-13j; should equal Item 12c) | ☐ | 656 |

14. From August 1, 2025, through July 31, 2026, how many resident equines permanently left this operation by the following methods: (Enter only one method per equine, and select "No equines removed by this method" if that method was not used.)

| Method | No equines removed by this method | Equines no longer suited for intended purpose<br>Head | All other equines that left<br>Head |
|---|---|---|---|
| a. Sold directly to a private party | 657 1 ☐ | 664 | 672 |
| b. Given away to a private party | 658 1 ☐ | 665 | 673 |
| c. Donated to charity/research/rescue facility | 659 1 ☐ | 666 | 674 |
| d. Sold at public auction | 660 1 ☐ | 667 | 675 |
| e. Sent to slaughter through livestock sales broker | 661 1 ☐ | 668 | 676 |
| f. Moved to another facility | 662 1 ☐ | 669 | 677 |
| g. Removed by another method (specify: 1670 _____) | 663 1 ☐ | 670 | 678 |
| h. Total (add Items 14a-14g; column 2 total should equal Item 12a and column 3 total should equal Item 12b) | | 671 | 679 |

## Section F - Future Planning

1. Which of the following **best** describes your plans for this operation's resident equines if this operation is no longer able to house or care for them? (*Check one*)

701
- 1 ☐ I have a formal written plan (such as an estate plan, will, trust or animal trust) in place to provide care for the equines.
- 2 ☐ I have an informal agreement with another person or operation who will provide care for the equines.
- 3 ☐ I have thought about what would happen if this operation is no longer able to house or care for the equines but have not yet made plans.
- 4 ☐ I do not currently have a plan for this situation.
- 5 ☐ I do not have a plan because I do not own any of the equines on this operation.
- 6 ☐ Other (specify:[1701]_____)

2. In the event of a natural disaster or other emergency that requires evacuation of equines, does this operation have the following plans ready today:

| | | | |
|---|---|---|---|
| a. Evacuation route? | 702 | 1 ☐ Yes | 3 ☐ No |
| b. Destination to house equines? | 703 | 1 ☐ Yes | 3 ☐ No |
| c. Backup/alternative evacuation route? | 704 | 1 ☐ Yes | 3 ☐ No |
| d. Backup/alternative destination to house equines? | 705 | 1 ☐ Yes | 3 ☐ No |
| e. Identification (ID) plan for all equines? | 706 | 1 ☐ Yes | 3 ☐ No |
| f. Gathering and loading plan? | 707 | 1 ☐ Yes | 3 ☐ No |

**Next, we will ask some questions related to equine euthanasia and disposal of remains. These questions will help us understand more about methods used and associated costs.**

3. What euthanasia method would you expect to be used if one of your resident equines needed to be euthanized? (*Check all that apply*.)

708 ☐ Chemical euthanasia by a veterinarian

709 ☐ Mechanical euthanasia (such as bullet or bolt)

710 ☐ Other (specify:[1710]_____)

**Dollars**

4. If one of your resident equines needed to be euthanized, what do you **estimate the cost would be for euthanasia?** (EXCLUDE disposal of remains.) (Please provide your best guess, if unsure.)..... 711 ☐☐☐☐☐

5. What equine body disposal methods are available in your area:

| | | | | |
|---|---|---|---|---|
| a. Rendering? | 712 | 1 ☐ Yes | 3 ☐ No | 2 ☐ Don't Know |
| b. Incineration/cremation? | 713 | 1 ☐ Yes | 3 ☐ No | 2 ☐ Don't Know |
| c. Composting? | 714 | 1 ☐ Yes | 3 ☐ No | 2 ☐ Don't Know |
| d. Alkaline hydrolysis (also known as chemical cremation or water cremation)? | 715 | 1 ☐ Yes | 3 ☐ No | 2 ☐ Don't Know |
| e. Burial? | 716 | 1 ☐ Yes | 3 ☐ No | 2 ☐ Don't Know |
| f. Landfill? | 717 | 1 ☐ Yes | 3 ☐ No | 2 ☐ Don't Know |

**Dollars**

6. If one of your resident equines were to die or be euthanized, what do you **estimate the cost would be for disposal of the body**? (Please provide your best guess, if unsure.)..... 718 ☐☐☐☐☐

## Section G - General Management

1. From August 1, 2025, through July 31, 2026, 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?..... 801 1 ☐ Yes 3 ☐ No
   b. Change clothes or wear clean coveralls?..... 802 1 ☐ Yes 3 ☐ No
   c. Disinfect or change boots?..... 803 1 ☐ Yes 3 ☐ No
   d. Clean and sanitize hands?..... 804 1 ☐ Yes 3 ☐ No
   e. Park vehicles away from animal area?..... 805 1 ☐ Yes 3 ☐ No
   f. Require visitors to contact healthiest or most susceptible animals first and sick animals last?..... 806 1 ☐ Yes 3 ☐ No 4 ☐ No sick animals
   g. Other? (specify: 1807 _____)..... 807 1 ☐ Yes 3 ☐ No

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

   a. Disinfect equipment/tack?..... 808 1 ☐ Yes 3 ☐ No
   b. Change clothes or wear clean coveralls?..... 809 1 ☐ Yes 3 ☐ No
   c. Disinfect or change boots?..... 810 1 ☐ Yes 3 ☐ No
   d. Clean and sanitize hands?..... 811 1 ☐ Yes 3 ☐ No

3. From August 1, 2025, through July 31, 2026, were any of the following insect control methods used on this operation:

   a. Repellents applied to equines?..... 812 1 ☐ Yes 3 ☐ No
   b. Insecticides applied in or near equine housing area?..... 813 1 ☐ Yes 3 ☐ No
   c. Insecticides applied to pasture areas?..... 814 1 ☐ Yes 3 ☐ No
   d. Regional control program, such as aerial spraying?..... 815 1 ☐ Yes 3 ☐ No
   e. Sticky tape or insect traps?..... 816 1 ☐ Yes 3 ☐ No
   f. Bug zapper? 817 1 ☐ Yes 3 ☐ No
   g. Fly predators specifically brought onto the operation?..... 818 1 ☐ Yes 3 ☐ No
   h. Face masks on equines?..... 819 1 ☐ Yes 3 ☐ No
   i. Fly sheets on equines?..... 820 1 ☐ Yes 3 ☐ No
   j. Fly tags attached to equine halters?..... 821 1 ☐ Yes 3 ☐ No
   k. Insect control product in feed or as feed through?..... 822 1 ☐ Yes 3 ☐ No
   l. Mosquito treatment in drinking water (mosquito dunks)?..... 823 1 ☐ Yes 3 ☐ No
   m. Water container emptied and refilled with fresh water at least weekly or automatic waterer?..... 824 1 ☐ Yes 3 ☐ No
   n. Frequent removal of weeds and/or manure from premises?..... 825 1 ☐ Yes 3 ☐ No
   o. Screened-in stalls?..... 826 1 ☐ Yes 3 ☐ No
   p. Other? (specify: 1827 _____)..... 827 1 ☐ Yes 3 ☐ No

## Section G - General Management (continued)

4. From August 1, 2025, through July 31, 2026, did this operation have any resident equines on pasture or range?

828 1 ☐ Yes - Continue 3 ☐ No - Go to Item 6

**Equines per acre**

5. From August 1, 2025, through July 31, 2026, what was the average stocking rate of equines on range or pasture (number of equines per acre) for this operation?..... 829

6. From August 1, 2025, through July 31, 2026, did this operation compost equine manure on this operation?

830 1 ☐ Yes 3 ☐ No

7. From August 1, 2025, through July 31, 2026, were the following disposal methods for manure, including composted manure and/or waste bedding, used on this operation:

a. Applied on fields on the operation where equines currently graze?..... 831 1 ☐ Yes 3 ☐ No

b. Applied on fields on the operation where no equines currently graze?..... 832 1 ☐ Yes 3 ☐ No

c. Hauled away or removed from operation?..... 833 1 ☐ Yes 3 ☐ No

d. Manure/waste bedding allowed to accumulate or left to nature?..... 834 1 ☐ Yes 3 ☐ No

8. 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)?..... 835 1 ☐ Yes 3 ☐ No

## Section H - Office Use

1. Enter interview response code. (*Check one*)

901
- 1 ☐ No Resident Equines on August 1, 2026; not eligible for this survey
- 2 ☐ Out of business
- 3 ☐ Refusal
- 4 ☐ Complete
- 5 ☐ Out of scope
- 6 ☐ Office hold
- 7 ☐ Inaccessible

**If Item 1 = 3 continue, otherwise go to Item 3.**

2. Check refusal response code (*Check one*)

902
- 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 (horse activities, second job, etc.)
- 5 ☐ Believes surveys and reports hurt the farmer more than it helps
- 6 ☐ No reason given, or other miscellaneous reasons

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

a. Written or computerized records?..... 903 1 ☐ Yes 3 ☐ No 4 ☐ N/A

b. Checked with veterinarian?..... 904 1 ☐ Yes 3 ☐ No 4 ☐ N/A

4. ENDING TIME (MILITARY)

905 **H H M M** __ __ __ __

| OFFICE USE ONLY | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Response | | Respondent | | Mode | | Enum. | Eval. | Change | Office Use for POID | | | |
| 1-Comp<br>2-R<br>3-Inac<br>4-Office Hold<br>5-R – Est<br>6-Inac – Est<br>7-Off Hold – Est | 9901 | 1-Op/Mgr<br>2-Spouse<br>3-Acct/Bkpr<br>4-Partner<br>9-Other | 9902 | 1-PASI (Mail)<br>2-PATI (Tel)<br>3-PAPI (Face-to-Face)<br>6-Email<br>7-Fax<br>19-Other | 9903 | 9998 | 9900<br>R. Unit<br>9921 | 9985 | 9989 __ __ __ - __ __ __ - __ __ __ | | | |
| | | | | | | | | | Optional Use | | | |
| | | | | | | | | | 9907 | 9908 | 9906 | 9916 |
| S/E Name | | | | | | | | | | | | |