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Agricultural
Statistics Service
(NASS)

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National Animal Health Monitoring System (NAHMS)

NAHMS Equine 2026
Study, General Equine
Health and
Management
Questionnaire
(GEHMQ),

Interviewer's Manual



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Chapter 1 – General Information

BACKGROUND

The NAHMS Equine¹ 2026 study is jointly conducted by the National Agricultural Statistics Service (NASS) and the National Animal Health Monitoring System (NAHMS). NAHMS is an information-gathering and disseminating organization within the Animal and Plant Health Inspection Service (APHIS), an agency of the U.S. Department of Agriculture.

The purpose of the NAHMS program is to collect and analyze animal health and management data on U.S. livestock, poultry, and farmed aquaculture operations to provide scientifically sound and current information. The information is intended to benefit animal agriculture operations and industry stakeholders, including livestock owners and the general public. Statistics reported from NAHMS studies describe agricultural animal management and production. They are used in the United States to promote animal health, productivity, and welfare.

The NAHMS program is not designed to detect, regulate, or eradicate major epidemic diseases, but rather to learn about agricultural animal health and production management practices, the environments in which animals are reared, and the production and disease concerns that operations have. This information is then used to help inform research, education, and policy. The NAHMS program also collects data that measures the occurrence of agricultural animal diseases and public health concerns.

NAHMS began in 1983, with the first few years collecting animal health and economic data for various types of agricultural animals through several State programs. Since 1989, surveys have been national in scope and have focused on hogs, dairy cattle, cow-calf operations, cattle-on-feed operations, equids², bison, catfish, poultry, goats, and sheep. Most of these studies involved NASS State offices and National Association of State Departments of Agriculture (NASDA) field enumerators.

In 1998, NAHMS conducted its first equine study. The NAHMS Equine 2026 study will be the fourth national study of the equine industry conducted by NAHMS.

PURPOSE OF THE NAHMS EQUINE 2026 STUDY

The NASS component of the NAHMS Equine 2026 study focuses on equine health and management practices used on equine operations. It will allow NAHMS to describe equine health and management practices on farms and ranches and evaluate changes in those practices since the last NAHMS study. General information, including equine inventory, will allow us to evaluate the health and management of the U.S. equine industry at the national and regional levels. A needs assessment survey was used to gather input from industry stakeholders to identify the information needs for the study. These are defined by the following 7 objectives:

¹ Equines include horses, miniature horses, ponies, donkeys, burros, and mules.

² Equids and equines are used interchangeably in this manual and in other NAHMS Equine 2026 study documents.

OBJECTIVES OF THE NAHMS EQUINE 2026 STUDY

- Describe trends in equine care, health management and disease occurrence over time based on data from 1998, 2005, 2015 and 2026.
- Describe biosecurity and health management strategies related to the control of important equine infectious diseases on farms.
- Describe use of equine veterinary services and equine owner perceptions about availability of veterinary services for equids.
- Describe issues surrounding equids that are at-risk (an equid that has an increased possibility of experiencing neglect, abuse or poor welfare), and/or in transition (transitioning from one home, vocation, opportunity or owner to the next).
- Describe owner preparedness for emergencies and natural disasters affecting equids.
- Describe biosecurity and health management strategies related to the control of important equine infectious diseases at equine events and estimate the prevalence of equine respiratory disease pathogens from environmental samples at equine events.

HOW NAHMS EQUINE STUDY INFORMATION IS USED

Information gathered in NAHMS studies is used to:

- Provide information to equine operations and owners to enhance equine health and management.
- Recommend changes in equine-management practices that will help reduce health problems.
- Identify specific studies and research projects that need to be conducted.
- Provide statistics that describe the industry at the national level and trends over time.
- Help equine research funding agencies prioritize areas of equine health and management for further investigation.
- Define equine healthcare areas that need more emphasis in veterinary and equine owner education programs.
- Help scientists identify costly and concerning equine health problems.
- Help companies identify focus areas for research and development to bring equine care solutions and products to the market.
- Assist government policymakers in decisions affecting the equine industry.

Equine owners may hesitate to participate if they're unsure how NAHMS uses collected information. If you sense reluctance, share the key points above and the benefits outlined in the next section, which may help undecided operations feel more comfortable taking part.

BENEFITS OF THE NAHMS EQUINE 2026 STUDY

The best data to support equine health and welfare on the farm comes from equine owners, the respondents themselves.

Participation in this survey helps ensure that the information collected accurately represents equids and equine operations across the nation. It is a chance to contribute to science for the betterment of equine health and the well-being of the equine industry in the United States.

The information collected will be useful to equine owners and operations that elect to participate as well as the underlying population of operations that they represent. Operations are categorized according to geographical region and operation size (number of equids), but selection is based on a *random sample* within those categories. The information collected is used to produce meaningful statistics for all operations, the equine industry, and its stakeholders.

This study will provide a more thorough understanding of equine health and management practices in use on operations. The data collected will address key information needs on topics listed below and give industry groups, extension programs, and veterinary organizations the information that they need to strengthen owner education, improve equine health, and support advocacy for equids and equine businesses across the United States.

- Management practices by operation size and region
- Use of disease-prevention and biosecurity measures
- Occurrence of diseases and health issues by age group
- Preparedness for emergencies and natural disasters
- Availability and use of veterinary services
- Identification of educational needs related to equine health
- Insights into equids in transition (new home, vocation, or owner)
- Essential data for grant proposals supporting research, education, and extension
- Widely cited national and regional statistics for the equine industry
- Parameters for disease-modeling efforts that help safeguard U.S. animal agriculture

NAHMS would also like owners and operations to know:

1. The privacy of every participant is protected. No name or contact information will be associated with individual data, and no data will be reported in a way that could reveal the identity of a participant.
2. Selected operations come from the secure NASS database of equine operations. The sample is statistically weighted so results represent equine operations nationwide.
3. NAHMS will publish reports and information sheets on its website. These resources allow equine owners to compare their management practices with those of similar operations at the national, regional, and operation-size levels.
4. Operations are randomly chosen and invited to participate. Participation is entirely voluntary, and owners may stop the survey at any time.

NAHMS Equine 2026 Study Study Launch

August 2025

Overview

In 2026, the USDA's National Animal Health Monitoring System (NAHMS) will launch its fourth national equine study. Equine 2026 will take an in-depth look at U.S. equine operations and events and will provide industry with new and valuable information regarding trends in equine health and welfare.

NAHMS studies are:

- National in scope
- Science-based
- Statistically valid
- Collaborative
- Voluntary
- Confidential



Study Focus

For the 2026 study, NAHMS asked equine owners, industry stakeholders, and government officials to provide input and define the information needs of the equine industry.

During this process, six study objectives were identified:

- Describe trends in equine care, health management, and disease occurrence over time, based on data from 1998, 2005, 2015, and 2026.
- Describe biosecurity and health management strategies related to the control of important equine infectious diseases at equine events and on farms.
- Describe use of equine veterinary services and equine owner perceptions about availability of veterinary services for equids.
- Describe issues surrounding equids that are at-risk (an equid that has an increased possibility of experiencing neglect, abuse, or poor welfare), and/or in transition (transitioning from one home, vocation, opportunity, or owner to the next).
- Describe owner preparedness for emergencies and natural disasters affecting equids.
- Estimate the prevalence of equine respiratory disease pathogens from environmental samples at equine events.

“Understanding the needs of the horse industry makes the upcoming 2026 NAHMS study critically important for the future. Similar to previous studies in 1998, 2005, and 2015, information garnered from the 2026 study will be used to identify disease prevalence and guide the equine industry in allocating resources for future research, health care, professional services, and natural disasters. Owner input is key to recognizing biosecurity needs and how to prevent infectious diseases. When invited, I urge horse owners to participate.”

—Nathaniel A. White II, DVM, MS Diplomate ACVS
Professor Emeritus of Equine Surgery
Marion duPont Scott Equine Medical Center
Past President of the American
Association of Equine Practitioners

Study Activities

Phase I – Farm Study

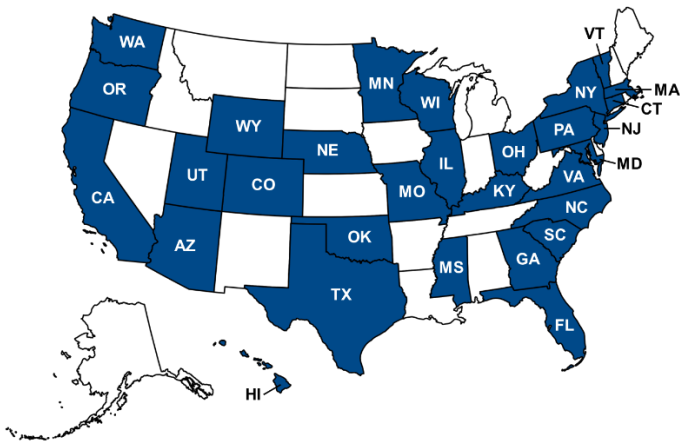
Participation in a NAHMS study is confidential and voluntary. Phase I of the study will include selected operations that have five or more equids¹ and qualify as a farm as defined by the USDA Agricultural Census.² In August 2026, representatives from the USDA's National Agricultural Statistics Service (NASS) will contact selected equine owners in all 50 States to complete a questionnaire.

Phase II – Event Study

Phase II of the study will consist of questionnaires and biologic sampling conducted by USDA's Veterinary Services at equine events in 30 States (see map below). Events studied will represent many breeds, disciplines, and event sizes.

Data from Phase II are expected to provide information about ways to reduce incidence of infectious diseases at events through biosecurity measures and disease monitoring. The goal is to describe best management practices at events to ensure equine health in transient populations exposed to unfamiliar conditions.

Equine 2026 Participating States – Phase II



¹ Horses, ponies, donkeys, mules, and other domestic equine species.

² The definition of a farm is a place that could or does actually sell \$1,000 of agricultural products annually or that has five or more equids (other than commercial enterprises, such as racetracks).

"The 2005 NAHMS Equine Event study has long been used as an important resource for the horse industry in identifying biosecurity risks and needs for equine events. As we look to the future, the NAHMS Equine 2026 study will provide critical insights into current disease risks and prevention strategies at equine events. The information collected from this study will provide industry experts valuable insights as to the risks and challenges related to infectious diseases at equine events. Ultimately, the results from this study will help direct future efforts for ensuring healthy safe events for our equine athletes.

I strongly encourage everyone to participate in the 2026 NAHMS study, which will only further help us protect and promote equine health at our equine events."

—Katie Flynn, BVMS
Senior Staff Veterinarian
Equine Health and Biosecurity
United States Equestrian Federation (USEF)

Confidentiality

NAHMS relies on voluntary participation. The privacy of every participant is protected. No name or contact information will be associated with individual data, and no data will be reported in a way that could reveal the identity of a participant. Data are presented only in an aggregate manner.

NAHMS is recognized as a statistical unit by the Office of Management and Budget. All information acquired for the NAHMS Equine 2026 study will be used for statistical purposes only and treated as confidential in accordance with the Confidential Information Protection and Statistical Efficiency Act (CIPSEA). Data collected under CIPSEA are protected from Freedom of Information requests.

For More Information:

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www.aphis.usda.gov/livestock-poultry-disease/nahms
#803.1124

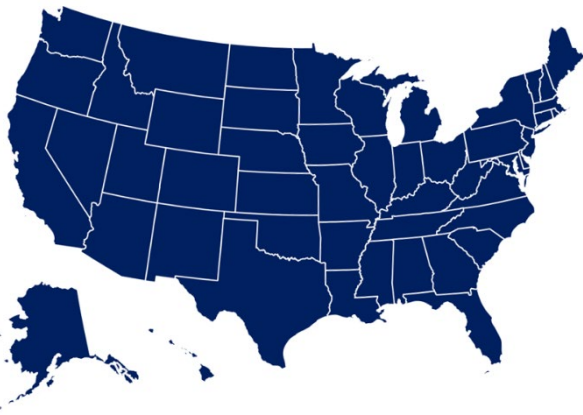
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NAHMS Equine 2026 Study

Farm Study Informational Flyer

What is the NAHMS Equine 2026 Study?

The U.S. Department of Agriculture's National Animal Health Monitoring System (NAHMS) conducts a national equine study approximately every 10 years. The upcoming Equine 2026 study will support industry groups and research efforts with new and valuable information on equine health and management. The Equine 2026 study includes two components: an equine farm study and an equine event study. The farm study consists of one questionnaire which will be administered by the National Agricultural Statistics Service (NASS). For the event study, NAHMS representatives will contact event managers to complete a questionnaire and participate in biologic sampling.



Who is Eligible to Participate in the Farm Study?

A random selection of almost 3,600 equine operations with at least 5 equines located in all 50 States will be asked to participate. While participation is voluntary, high participation rates allow for better data quality. NASS will contact selected participants in August 2026.

Why Should I Participate in the Study?

The study will provide valuable information about changes in the equine population over time, including important disease trends and updated health and management practices. It will also examine availability of veterinary care and preparedness for emergencies and natural disasters affecting equines. The results will guide future research and education to benefit equine health. Participants will not only represent themselves but also the owners who were not selected for the study.



What are the Next Steps?

If you don't currently receive NASS censuses or surveys, sign up at www.agcounts.usda.gov/static/get-counted.html. If NASS contacts you to participate in August 2026, please agree to complete the NAHMS Equine 2026 study. Until then, you can help spread the word to other owners about the importance of the 2026 study.

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To access reports from previous NAHMS studies or information on upcoming studies, visit www.aphis.usda.gov/nahms or scan the QR code.



OVERVIEW OF NASS DATA COLLECTION (NAHMS Equine 2026 Phase I)

The NASS data-collection period for the NAHMS Equine 2026 study began in August 2026 and will continue into the fall. The target population is operations with 5 or more equids, though any operation with at least one equid may participate. All 50 states are included. The sample size for this study is 3,600 operations.

Selected respondents received a pre-survey letter and study launch sheet in late July, followed by a second mailing containing the survey letter, questionnaire, product reference sheet, and educational flyers. A pressure-sealed reminder letter was sent in mid-to-late August.

NAHMS recommends having the General Equine Health and Management Questionnaire (GEHMQ), product reference sheet, study flyer, this manual, and the abbreviated manual available during interviews. These materials are available on the NAHMS Equine Studies webpage:

<https://www.aphis.usda.gov/livestock-poultry-disease/nahms/equine>.

Owners may complete the questionnaire electronically by computer-assisted web interview (CAWI), through a mailed paper questionnaire, or by phone or in-person interview.

Information provided in this manual will focus on Phase I of the study, the General Equine Health and Management Questionnaire (GEHMQ), and your role in the data-collection process.

The GEHMQ includes questions on equine inventory, health care and management, health events, movement, future planning, and general management. Collection of the GEHMQ is the first phase of the NAHMS Equine 2026 study. The equine operations who participate in Phase I will not be involved in Phase II. Completion of the GEHMQ will conclude their participation in the study. Phase II of the study is a separate survey intended for equine event managers in 30 states. Phase II of the study is currently on hold.

DATA CONFIDENTIALITY AND CIPSEA

NAHMS is a recognized statistical unit by the U.S. Office of Management and Budget (OMB). NAHMS will treat all confidential information in accordance with the Confidential Information Protection and Statistical Efficiency Act (CIPSEA). Data collected under CIPSEA are protected from Freedom of Information Act (FOIA) requests.

CIPSEA allows NASS agents to collect data limited to statistical use only. All information collected during the NAHMS Equine 2026 study is protected from disclosure in identifiable form (i.e., the respondent's identity will not be disclosed). All identifiable information must be secured when not in use.

All information collected will be used for statistical purposes only. All publications will report data as aggregated statistical estimates and must clear a disclosure review process prior to distribution. No individual-level survey responses will be published. Please note that the

protection provided by CIPSEA applies only to this study. Activities initiated by the respondent unrelated to this study, such as biological testing for movement or sale, may cause unrelated regulatory action.

Chapter 2 - Enumerator Procedures

INTERVIEW PREPARATION

As an enumerator for this study, you will be providing respondents with a brief explanation of why you are calling. You may need to be ready to address questions about NAHMS, the Equine 2026 study, and the documents that respondents received in the mail. Please use information from the sources listed below to construct your explanation and responses.

- The training workshop and training materials provided for this study
- The NAHMS Equine 2026 Study Flyer
- The General Equine Health and Management Questionnaire (GEHMQ)
- This manual and the abbreviated manual

WHOM TO INTERVIEW

If possible, interview the person who is most knowledgeable about the operation and its equids. This person may be the owner or manager, but this is not always the case. If the person you contact says someone else is more knowledgeable, interview the more knowledgeable person.

Encourage owners to have the operation records on hand. Using records improves accuracy and can decrease the interview time.

SPECIAL SITUATIONS “In or Out of Scope?”

- For the purpose of this study, if a selected operation has ANY resident equines on August 1st they are eligible to participate and should complete the GEHMQ.
- Please note that the resident equines do not need to physically be on the operation on August 1st for the operation to be eligible to participate.
- Please have all selected operations with ANY equines complete the GEHMQ whether their equines are physically present on the operation on August 1st or not.
- Please also note that operations that may have fewer than 5 resident equines on August 1st are also eligible and should complete the GEHMQ.
- We expect that farms such as university, extension, experimental, and institutional farms, whose production is primarily used for noncommercial purposes, may be selected to participate. While these types of entities may not be considered commercial farms, please have them complete the GEHMQ if they have ANY resident equines and are willing to participate.
- If an operation does not have ANY resident equines on August 1st, 2026, they are not eligible to complete the GEHMQ. Please remember to complete section H, the Office Use section for these operations.

BURDEN STATEMENT

Federal regulations require that an estimate of the average time needed to complete the questionnaire be provided. Based on OMB-approved pretesting, the GEHMQ is expected to take about 65 minutes. Actual time may vary depending on whether the owner consults records and which records are used.

CONTACTING AN OWNER/OPERATION AND COMPLETING AN INTERVIEW

1. Prepare a brief introduction that explains the survey and encourages participation. Have the GEHMQ, product reference card, study flyer, launch sheet, this manual and the abbreviated manual on hand for reference while conducting the interview.
2. Be prepared to answer questions that the respondents may have.
3. Remember the interview averages about 65 minutes.
4. If the contact agrees to participate, proceed with the interview. Respondents may follow along using the mailed paper survey or the PDF on the NAHMS Equine Studies webpage: <https://www.aphis.usda.gov/livestock-poultry-disease/nahms/equine>. Encourage them to gather any records that may help.
5. Please complete section H, the Office Use section for all operations, including those that are out of scope.

Your work is essential to collecting high-quality data—thank you for your dedication!

Chapter 3 – General Instruction, Question And Response Formats

This chapter explains questionnaire conventions, how to record responses and non-respondents, and provides examples of question types.

EXTERNAL PROJECT AGREEMENTS (EPA) ID

The EPA ID, or External Project Agreement Identification, number is composed of two parts. The first two digits are the State FIPS code for the State with which the owner's operation is associated. The second part is a unique ID code for the operation. The EPA ID will be underneath the bar code and look like the following: EPA ID = 480000147.

Ensure that the EPA ID number is correctly displayed or noted on the questionnaire and that the 2-digit FIPS code for the State is correct for the operation being contacted.

RECORDING RESPONSES

Respondents may hesitate to provide answers for a variety of reasons. They may hesitate because of how a question is worded or because the response items do not fit their operation well. There may be times when you will need to probe for adequate answers. Probing can be challenging and should be neutral. **To avoid leading the respondent to a particular response** you can simply restate the question or the response to encourage the respondent to keep thinking about it.

Respondents may need to refer to records to provide certain information. Give them time to look up details or allow them to report back later if it doesn't delay data submission. If they don't have records and are hesitant to estimate, encourage them to provide their best approximation.

Please record any circumstances or explanations the respondent chooses to share next to the question. If a response seems unusual or uncertain, please make a note of it. Always record a response for every question unless instructed otherwise. If the respondent doesn't know an answer or declines to provide it, please make note of that. Complete responses improve data quality and the accuracy of the study results.

RECORDING NONRESPONDENTS

Thank you for helping ensure all 3,600 sampled operations are accounted for by completing Section H, the Office Use section for each respondent.

If a respondent declines to participate, complete any questions they answered, then fill out Section H. Record the EPA ID, mark response code 3 in Section H, Item 1. Please complete the rest of the Section H, including the Office Use Only box.

If an operation is ineligible—no resident equines on August 1, 2026, out of business, or are otherwise out of scope— mark Item 3, the screener question at the start of the survey (top of page 2) as “No,” AND select the appropriate response code (1, 2, or 5) in Section H, Item 1. Please complete the rest of Section H, including the Office Use Only box.

Please note that resident equines are defined at the start of the survey (top of page 2) just before Item 3, the screener question for any resident equines.

STUDY TIMEFRAME and IMPORTANT STUDY TERMS

Over half of the questions reference a 12-month period in 2025–2026. Some use different time frames: Section A asks about equine inventory on August 1, 2026, while Section C Item 17 covers 2022–2026. Other questions, especially those on general practices or future plans, have no defined timeframe.

In Chapter 1 of this manual, we note that the terms **equines** and **equids** are interchangeable. The questionnaire uses the term equines to be consistent with previous equine studies conducted by NAHMS. For the purpose of this survey, equids and equines include horses, miniature horses, ponies, donkeys, burros, and mules.

Another important term that is applied to questions throughout this survey is “resident equines”. **Resident equines** refer to those **that have spent or are expected to spend more time at the respondent's operation than other operations**. The respondent's operation could therefore be considered the resident equine's “home base”.

The terms **nonresident** and **new residents** are also used. Other commonly used terms in this questionnaire refer to specific groups of equines such as stallions, mares, and foals. Definitions for these terms and definitions for other terms used in the questionnaire are provided in Chapter 5 for your reference.

When asking questions, please be sure to emphasize the time frame and whether resident equines or a specific group of equines is being referenced. This will help ensure that these are clear to the respondent so that the data collected are accurate.

INSTRUCTION FORMATS

The questionnaire includes instructions for both enumerators and respondents. These notes guide response coding, skips, referenced items, and overall survey flow. Examples of the instruction formats used in the GEHMQ are provided below.

Please note that the questionnaire is divided into 9 sections, beginning with an unnamed section that includes Items 1 and 2 (see below) and Item 3, the screener question. The remainder of the questionnaire sections have alphabetical designations (A – H) and therefore items in those sections have alphanumeric labels.

INSTRUCTION FORMAT EXAMPLE A (Item 1):

This question includes instructions within the text, in brackets, and in the response choices. Read the bracketed instruction (“Check all that apply”) aloud. If the respondent selects only one option, confirm that no other choices apply. Also check whether an unlisted function applies; if so, select “Other (specify)” and write in the respondent’s description.

1. Which of the following functions apply to this operation? <i>(Check all that apply.)</i>	
003 ☐ Equine boarding stable/training	007 ☐ Guest ranch
004 ☐ Riding stable (give lessons, rent equines, etc.)	008 ☐ Farm or ranch
005 ☐ Rescue/rehabilitation facility	009 ☐ Residence with equines for personal use (show, pleasure, recreation, etc.)
006 ☐ Equine breeding farm	010 ☐ Other (specify: ¹⁰¹⁰ _____)

INSTRUCTION FORMAT EXAMPLE B (Item 2):

This question includes instructions within the item and in brackets. Read the bracketed note (“Check one”) aloud. The respondent should choose only one option from those they selected in Item 1. If they pick an option not chosen in Item 1, return to Item 1 and review it. Clarify that all applicable options should be selected in Item 1, and only the primary function should be chosen in Item 2. Because “primary” is not defined, respondents may use their own criteria. If the respondent asks for clarification, acknowledge that several approaches are possible and that it is up to them to decide which criteria are most appropriate for their operation.

2. Of the functions checked in Item 1, which do you consider to be this operation's primary function? <i>(Check one)</i>	
011 1 ☐ Equine boarding stable/training	5 ☐ Guest ranch
2 ☐ Riding stable (give lessons, rent equines, etc.)	6 ☐ Farm or ranch
3 ☐ Rescue/rehabilitation facility	7 ☐ Residence with equines for personal use (show, pleasure, recreation, etc.)
4 ☐ Equine breeding farm	8 ☐ Other (specify: ¹⁰¹¹ _____)

INSTRUCTION FORMAT EXAMPLE C. (Section C, Item 11):

This example illustrates a skip-pattern question. Below the question, the instructions within brackets indicate that if the respondent selects “None” then the next question to be completed is Item 13, and Item 12 should be skipped.

While you do not need to read these instructions verbatim, it can be helpful to explain the skip in your own words if the respondent is following along with a copy of the questionnaire. This ensures the respondent stays aligned with you as you move to Item 13.

11. From August 1, 2025, through July 31, 2026, how many resident equines ever had a wound, laceration or sore?.....	None 1321	☐	Head 321
(If Item 11 = None, go to Item 13.)			

INSTRUCTION FORMAT EXAMPLE D (Section E, Item 3):

Prompts such as “includes”, “excludes” or other clarifying terms or instructions appear beneath the primary question text or are enclosed in parentheses. You should read any parenthetical instructions aloud to help ensure the respondent fully understands the question.

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

INSTRUCTION FORMAT EXAMPLE E (Section A, Item 1):

Parenthetical instruction for “Other (specify:___)” indicate to both the respondent and interviewer that selecting “Other” requires a written description of what the respondent specifically means by that choice.

This is a common response option throughout the questionnaire. Below is an example from Section A that asks about the primary use of resident equines.

If the respondent indicates that none of the response options fit well and they choose “Other”, please ensure that they specify what that “other” use is and fill in the blank on this question.

It is important to ALWAYS get a response to the “SPECIFY” when “Other” is selected.

1. What did you consider to be the primary use of the resident equines on this operation regardless of ownership, on August 1, 2026? (<i>Check one</i>)	
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 _____)

QUESTION FORMATS

Numeric, Count, or Percent Questions

Numeric, count, and percent questions may require responses in specific units (e.g., head, dollars, miles, number of times). Record answers in the required units. If a respondent gives an answer in a different unit, convert it with them or note the original value and convert later.

For numeric questions, select “None” and enter “0” when the correct answer is zero. If the respondent doesn’t know or declines to answer, note that. Verify totals and confirm them with the respondent, adding comments for any unusual or unexpected responses.

QUESTION EXAMPLE A (Section A, Item 3):

This question asks about the number of resident equines in each age group. If there are none, mark “None” and enter “0.” This question also references a previous item (Item 2g), so use the recorded value when reading it. Items 3d–3g must be summed for Item 3h, and Items 3a–3g must be summed for Item 3i. The total in Item 3i should match the number reported in Item 2g, providing a consistency check.

This question also includes parenthetical instructions within the response items. Items 3d–3g must be added for Item 3h, and Items 3a–3g must be summed for Item 3i. The total in Item 3i should match Item 2g, providing a consistency check with the earlier response.

	None	Head
3. As of August 1, 2026, how many of the total resident equines (Item 2g) were:		
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

Yes/No Questions

Many questions ask for a “Yes” or “No” response. Some questions may have a “Don’t Know” or “Not Applicable” option. If the respondent answers with “Don’t Know”, “Not Applicable”, or declines to answer, mark the question as “Don’t Know,” “NA,” or “Declined” and leave a note regarding the response.

QUESTION EXAMPLE B (Section E, Item 10):

Here is an example of a yes/no question that also includes “Not Applicable” response options.

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

Check Box Questions

Many questions will require you to check a box for the respondent’s answer. Some will ask that only one box be checked while other questions will instruct to check all that apply.

QUESTION EXAMPLE C (Section E, Item 9):

This example requires that only one box be checked- the option that best reflects the answer for resident equines. However, it is possible that none of the listed choices fit perfectly. In cases where the respondent feels that no option accurately describes their situation, ask them to choose the option that most closely aligns with their operation. If, after discussing the options, it is clear that none of them reasonably apply, the question may need to be skipped. In such cases, the enumerator should make note of any reasons the respondent provided for skipping the question.

9. Which of the following best describes the operation's general policy when resident equines leave the operation, come in contact with outside equines, and return? <i>(Check one)</i>	
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

QUESTION EXAMPLE D (Section B, Item 7):

This example requires that you check all items that the respondent says apply to their operation. Any combinations of the first 7 items (246 – 252) could be checked. However, if the respondent selects the last item (253), which is none of the above, then none of the seven items above it should have been checked.

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

Scale or Category Questions

These questions often involve check boxes grouped under headings in some order (i.e., increasing or decreasing) as you read from left to right. For each row in the table, select only one option, “Always,” “Sometimes,” or “Never,” to indicate how often the practice is performed.

QUESTION EXAMPLE E (Section E, Item 5):

The scale response “decreases” as you go from left to right. Check the most applicable box for each practice, whether it is “Always,” “Sometimes,” or “Never.”

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)?.....	620	1 ☐	2 ☐	3 ☐
b. Veterinary examination other than for official health certificate?.....	621	1 ☐	2 ☐	3 ☐
c. Coggins test, also called EIA test or swamp fever test?.....	622	1 ☐	2 ☐	3 ☐
d. Vaccination within past year?.....	623	1 ☐	2 ☐	3 ☐
e. Deworming within past year?.....	624	1 ☐	2 ☐	3 ☐
f. Screening test for strangles or history of no occurrence in past 6 months?.....	625	1 ☐	2 ☐	3 ☐
g. Other past medical history from owner?.....	626	1 ☐	2 ☐	3 ☐
h. Quarantine prior to contact with resident equines?.....	627	1 ☐	2 ☐	3 ☐
i. Other requirements? (specify: ¹⁶²⁸)	628	1 ☐	2 ☐	3 ☐

Matrix Questions

These question types are used when there are multiple pieces of information collected on different yet related topics. This format is called a “matrix” because responses are placed into cells formed at the interaction of a row and a column. Although matrix questions allow several data points to be captured at once, they are used sparingly because they can be burdensome to the responder.

These questions are much easier for respondents to answer when they can follow along with a copy of the questionnaire, either the mailed version or an electronic copy. We recommend that respondents have a copy of the GEHMQ available to help them move through the questionnaire efficiently, and this is especially important for matrix questions.

QUESTION EXAMPLE F (Section D, Item 6):

The GEHMQ includes matrix questions to collect data on three major age classes, based on the number of equines affected by the health conditions listed in the first column. The next two columns collect information on how many equines with each condition received antibiotic treatment and how many were euthanized or died because of that condition.

When asking matrix questions like these, it is helpful to show the respondent the question. In this case, it is also useful to begin by reading the preamble:

“From August 1, 2025, through July 31, 2026, how many different resident foals less than 6 months of age became affected with the following conditions? Of those affected, how many received an antibiotic at least once during treatment for the condition?” The final column asks how many affected equines died or were euthanized.

Approach the question one row at a time. After the respondent understands the pattern, repeating the full preamble becomes unnecessary. When reading the question aloud, be sure to replace the word “condition” with the actual name of the listed condition for that row.

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**

	Number affected with this condition?	Of the (column 2) resident foals, how many received an antibiotic at least once for this condition?	Of the (column 2) resident foals, how many died or were euthanized due primarily to this condition?
Condition	Head	Head	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 <i>Corynebacterium pseudotuberculosis</i> ..	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

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

Chapter 4 – Questions of Note

Questions requiring extra attention and guidance for recording responses are listed below. An appendix of scenario-based examples is also provided as a supplemental resource to help demonstrate response recording decisions.

Questions that deserve special attention during the interview are listed below. Guidance for recording responses for these questions is provided. Scenario-based examples, located in the appendix, were also included in this manual to help illustrate some response-recording decisions for these questions.

Item 3. Screener for ANY resident equines on August 1, 2026:

This question should be asked of all respondents to the questionnaire. If the respondent did not have any resident equines on August 1, 2026, then mark “No” and skip to Section H, Item 1 on page 16 to enter the appropriate response code. **Please note that this question is not asking whether the respondent owned any resident equines. It is also not asking whether the resident equines were present on the operation on that day.**

Equines do not need to be owned by the respondent, and they do not need to be on the operation on August 1st, 2026, for the respondent to be eligible for the survey. Respondents with ANY resident equines (even if fewer than five) should continue completing the survey regardless of ownership, and regardless of whether the equines are on the operation on August 1st, 2026.

If the respondent had resident equines on August 1, 2026, mark “Yes” as the response and continue.

3. Did this operation have any resident equines on August 1, 2026?012 1 ☐ Yes - Go to Section A3 ☐ No - Go to Section H**Section B, Item 5. Veterinary Visits:**

This question requires the respondent to determine what interactions with a veterinarian they would consider consultations. In most cases, it will likely be obvious, but there could be cases where it may be more nuanced, especially if the consultation occurred by phone, text or email. Generally, if a veterinarian is providing advice, that would count as a consultation. If the veterinarian or veterinary clinic is just saying the equine needs to be seen by a vet, that would not be a consultation. Consultations may include multiple follow-up visits for the same issue.

The question asks whether the specific type of consultation occurred at any time between August 1, 2025, and July 31, 2026, as well as the number of times that type of consultation occurred. If the type of consultation listed was not used, you do not need to complete the second column.

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

Section C, Item 8. Vaccination:

This question requires that you record the single response indicated by the respondent for each listed vaccine. Ask whether, at any time during the period from August 1, 2025, through July 31, 2026, any resident equines on the operation were vaccinated against each specific disease. The respondent should answer “Yes,” “No,” or “Don’t Know” for each item.

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 (<i>Strep equi</i>)?.....	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

Respondents may recall or record the disease agents they vaccinated against, the products used, or both. They may have products on hand, or product inserts or labels that they refer to for this question. The PRODUCT REFERENCE: VACCINATION PRODUCT GUIDE that is provided with the GEHMQ (and in the appendix of this manual) lists all the disease agents that each vaccine product contains. Respondents may use this card to help identify or confirm which disease agents were vaccinated against. If a respondent vaccinates against disease agents that are not listed in this question please use Item K “Other? (specify)” to record those agents.

Vaccination response examples:

- A. The respondent tells you, “*I don’t know what my vaccine vaccinates against*” or “*I don’t know what vaccines the horses have received.*”

Response: Refer the respondent to look at the PRODUCT REFERENCE: VACCINATION PRODUCT GUIDE. This sheet lists what the vaccine trade name vaccinates against. Prompt the respondent to look at the vaccination bottle or box or product insert, veterinary invoice, or receipt for purchased vaccines.

- B. The respondent tells you, “*My horses have received a 3-way (4-way, 5-way, or 6-way) vaccine.*”

Response: Prompt the respondent to specify what was included in the 3-way, 4-way, etc. Refer the respondent to look at the PRODUCT REFERENCE: VACCINATION PRODUCT GUIDE to help identify their 3-way (4-way, 5-way, or 6-way) vaccine. The most commonly referred to 3, 4, 5, 6-way vaccines are:

- Typical 3-way vaccine: Eastern Equine Encephalitis (EEE), Western Equine Encephalitis (WEE), Tetanus
- Typical 4-way vaccine: EEE, WEE, Tetanus, Influenza (Flu)
- Typical 5-way vaccine: EEE, WEE, Tetanus, Flu, Equine Herpesvirus (EHV/Rhino)
- Typical 6-way vaccine: EEE, WEE, Tetanus, Flu, EHV/Rhino, Venezuelan Equine Encephalitis (VEE).

- C. The respondent tells you, “*My horses are current on their vaccines*” or “*My horse has had all vaccines.*”

Response: While it is possible that an equine has had all of the vaccines listed in question 8, it is important that the participant specify which vaccines were administered. Refer the respondent to look at the PRODUCT REFERENCE: VACCINATION PRODUCT GUIDE. Prompt the respondent to show you the following if available: the vaccination bottle, box or product insert, the veterinary invoice or receipt for purchased vaccines.

- D. If the respondent tells you: “*My horses have only had the core vaccines*”.

Response: The following equine vaccines meet these criteria and are identified as ‘core’ vaccines by the AAEP: Tetanus, Eastern Equine Encephalomyelitis (EEE), Western Equine Encephalomyelitis (WEE), Rabies, West Nile Virus (WNV).

Section C, Items 13-15. Deworming:

This question requires that you record how many times, on average, resident equines in each age group were dewormed during the period from August 1, 2025, through July 31, 2026. For each age category, enter the number of times the respondent dewormed resident equines in that age range, or check the appropriate “None” option.

For each item:

- If the operation did not deworm resident equines in that age group, check “Did not deworm.”
- If the operation did not have resident equines in that age group, check “Did not have this age.”
- Otherwise, enter the average number of times resident equines in that age group were dewormed.

	Number Times	
13. From August 1, 2025, through July 31, 2026, how many times on average did you deworm resident equines that were less than 6 months old ?	e0327	☐ Did not deworm e0327a ☐ Did not have this age e0327b
14. From August 1, 2025, through July 31, 2026, how many times on average did you deworm resident equines that were between 6 and 23 months old ?	e0328	☐ Did not deworm e0328a ☐ Did not have this age e0328b
15. From August 1, 2025, through July 31, 2026, how many times on average did you deworm resident equines that were 24 months and older ?	e0329	☐ Did not deworm e0329a ☐ Did not have this age e0329b

Section C, Item 16. Deworming drugs:

This question requires that you record the single response indicated by the respondent for each deworming drug listed. Ask whether, at any time during the period from August 1, 2025, through July 31, 2026, the operation used each specific deworming drug. The respondent should answer “Yes,” “No,” or “Don’t Know” for each item.

Use the **PRODUCT REFERENCE: DEWORMER PRODUCT GUIDE** (see the Appendix) to help the respondent identify which products contain the listed active ingredients. For each drug, mark the appropriate code. For Item g (“Other”), the respondent may specify another deworming drug not listed above. Record the name of the product or active ingredient in the space provided and select the appropriate response code.

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

Section C, Item 17 – Fecal tests during last five years:

This question requires that you record the single response indicated by the respondent. Note that the time frame for the question is over a **five-year period**. Ask whether, at any time during the **five-year period** from 2022–2026, a fecal egg count test was performed on feces from **resident** equines. If the respondent answers “Yes,” mark code 1. If the respondent answers “No,” mark code 3. If the respondent does not know, mark code 2.

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
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Section D, Item 9. Health event matrix:

This question requires that you complete all columns for **resident equines 6 months to less than 20 years** of age for the period from **August 1, 2025, through July 31, 2026**. For each condition listed, record the number of different resident equines that became affected in Column 2. Then, of those equines counted in Column 2, enter how many received an antibiotic at least once for that condition in Column 3. Next, enter how many died or were euthanized primarily due to that condition in Column 4.

Column 2 (Number affected): Respondents can enter a 1 for every condition type that every equid has experienced; therefore, an equid may be counted multiple times within the column, but not multiple times within an individual cell.

Column 3 (Antibiotics at least once): Respondents can enter a 1 for every equid that has been treated with antibiotics at least once for every condition it was treated for; therefore, an equid may be counted multiple times within the column, but not multiple times within an individual cell.

Column 4 (Died/Euthanized): Respondents may enter a 1 in only one row for each equid that died/was euthanized; therefore, an equid may not be counted multiple times within the column.

Please also note that the counts in column three should not be greater than the counts in column two. The only place where this does not apply is for row U. The second column is obviously grayed out, because the question is specifically asking for a tally of the number of equines that received antibiotics to prevent disease.

Finally, it is worth noting that the fourth column requires the respondent to report how many resident equines died or were

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 <i>Corynebacterium pseudotuberculosis</i>	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

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

euthanized primarily to each of the conditions. This means that even if an equid had multiple conditions that may have contributed to its death or to the decision to euthanize the respondent must make a judgement call to attribute this death or euthanasia to just one condition. In other words, there should only be 1 condition selected for each deceased equid.

Section D, Item 10. Number of equines receiving antibiotics at least once:

Each health matrix table has a question like the one pasted below that asks about antibiotic treatment. This question asks how many different resident equines 6 months to less than 20 years of age were treated with an antibiotic at least once during the period from August 1, 2025, through July 31, 2026.

This item collects the overall total of resident equines within this age range that received an antibiotic **at least once** for **any reason** during the reference period. It does not ask for how many times the resident equines received antibiotics. Every resident equine that received an antibiotic should be accounted for in the total but should not be counted more than once. Please note that this number may be different from what is accounted for in the antibiotic treatment column in the health matrix for this age group. In the health matrix question, equids may be counted more than once because treatment was linked to specific conditions and equids may experience more than one condition.

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?.....

Head

531

Section E, Item 1 and 2. Nonresident equines:

Item 1 asks how many **nonresident equines** of any age were brought onto the operation for fewer than 30 consecutive days during the period from **August 1, 2025, through July 31, 2026**. Note that the question specifically asks about **nonresident equines** and ensure that the respondent understands what this term means. A nonresident equine is defined as an equine that is expected to spend more time at another operation than at this one during the year, regardless of ownership. In other words, the animal's "home base" is another operation, and it is only temporarily present here.

The respondent may either select "None" or provide a number.

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?.....

None

☐

Head

601

Item 2 requires that you record how often this operation required certain health or management documents or procedures for the majority of the nonresident equines **identified in Item 1**. For each requirement listed, ask whether the operation always, sometimes, or never required that item for the majority of nonresident equines entering the operation during the period from August 1, 2025, through July 31, 2026. Record the respondent's answer using the appropriate code. For Item i ("Other"), the respondent may specify another requirement not listed. If the respondent selects "Always" or "Sometimes," record the requirement in the "specify" line.

Make sure responses reflect what was required for **the majority of nonresident equines**, not what may have occurred for individual cases.

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 ☐

Section E, Item 3. New resident equines:

This question refers to new resident equines and foals. “New residents” are not defined in the questionnaire. The criteria that an operation may choose to use to define a new resident could vary and this is left up to the respondent to decide.

Foals, which are a unique group, are also mentioned here. While new is not technically defined this question does specify that new resident foals could include those born to nonresident mares, but not resident mares.

It is also worth mentioning that there are a few places where foal inventories, births, and deaths are captured in the GEHMQ. While these questions may seem a bit redundant, each one is capturing different information. It is important to pay close attention to the qualifying terms in the questions about foals so that the correct information is being collected.

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

Section H, Item 1. Response code:

This question should be completed for all of the questionnaires. It is critically important for analysis that response codes are known for all 3,600 operations sampled.

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

Chapter 5 – Terms and Definitions

Described below are terms that are used frequently in the GEHMQ and are commonly used to refer to members of the equine species. The first four terms listed immediately below are used extensively in the GEHMQ. Those that follow are listed in alphabetical order and include important sex and age-class terms. It will be helpful if you are very familiar with these terms when conducting the interview.

Equines or Equids: The GEHMQ primarily uses the term equines and indicates that the term refers to horses, miniature horses, ponies, donkeys, burros, and mules. For the purposes of this study, equines and equids can be used interchangeably. Both terms may be used to refer to a wild or domestic animal that belongs to the family *Equidae*.

The kinds of equines listed in the GEHMQ instructions are the most common and thus these kinds are also used as categories for questions in the inventory section (Section A Item 2). If respondents indicate that they have other kinds of equines that they wish to account for in their inventory, please encourage them to do so using the “other resident equines” response option. Please help ensure that they also “specify” what those resident equines are with terms they feel adequately describe them. Some examples of equines that respondents may consider to be “other” include hinnies, zebras, and offspring from zebra-donkey crosses known as zdonks.

Resident equines: For the purpose of this study, 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 regardless of ownership. In other words, this operation may be considered the animals’ “home base”.

Nonresident equines: For the purposes of this study, a nonresident equine is one that is expected to spend more time on **another** operation rather than this operation throughout the year, regardless of ownership.

New resident equines: The GEHMQ does not provide criteria for defining a “new” resident equine. While the definition for resident from above applies, it is up to the respondent to decide how to classify their resident equines as “new”.

Breed: Equines or equids that share a common origin and possess certain distinguishable characteristics that are transmitted to the offspring, such that the offspring possesses the parents’ characteristics. These characteristics make a breed different from other breeds. This is called breed character, or the quality of conforming to the description of a particular breed.

Burro: The Spanish word for donkey; commonly used in North and South America, see also “donkey”.

Castration/castrated: Render incapable of reproduction by removal of the gonads. Most commonly refers to removal of the testicles from the male. A synonym used for equines is “to geld”.

Colt: A young intact male equine, up to 4 years of age.

Dam: the female parent of an animal. This term is commonly used within the context of livestock breeding to refer to the offspring’s mother.

Donkey (also burro or ass): A member of the equine family, descended from the wild ass. Donkeys are typically short with gray to sable coloring and long ears. Males are called jacks, and females are called jennies.

Filly: A young intact female equine, up to first breeding or 4 years of age.

Foal: A young equine, regardless of sex, from birth to a year old.

Gelding: A castrated male equine.

Horse: For the purposes of this study, a horse is an equine generally more than 14.2 hands (58 inches) high. An equine less than 14.2 hands high may also be considered a horse if its breed registry defines it as such. Horses can be of several different breeds including light breeds (e.g., Arab, Quarter Horse, Appaloosa, Morgan, Trakehner, etc.) and draft horse breeds (e.g., Clydesdale, Belgian, Percheron).

Hinny: The hybrid offspring from mating a male horse (stallion) and a female donkey (jenny). Like other hybrid equines, such as mules, hinnies are generally sterile, but rare exceptions to this have been known to occur. Although technically different from a mule (see also mule) some may choose not to differentiate between the two and may instead use the term mule to refer to either.

Intact: Term used to describe an animal that still has its reproductive organs (has not been castrated or spayed).

Mare: A mature female horse. Horses are usually considered mature or adult at greater than or equal to 5 years of age. Mares can either be intact or spayed, but most are left intact.

Miniature horse: A proportional, well-balanced equine that does not measure more than 34 inches at the withers (at the last hairs of the mane) when fully grown. The breed objective is the smallest possible bred to have proportions that “resemble” a full-size horse.

Mule: The hybrid offspring from mating a male donkey (jack) and a female horse (mare). Like other hybrid offspring, mules are generally sterile, but rare exceptions to this have been known to occur. Mules can be of variable size and color and will have ears longer than a horse's ears.

Pony: For this study, a pony is defined as an equine of various types or breeds that are usually 14.2 hands (58 inches) or less at the withers when full grown (except for miniature horses). Examples of common pony breeds include the Pony of the Americas, the Shetland pony, and the Welsh pony.

Spayed female: Render incapable of reproduction by removal of the gonads. Most commonly refers to removal of the ovaries from the female.

Stallion: An intact adult male horse or pony. Generally, equines are considered mature or adult when aged 5 years or more.

Described below are terms that are used in the GEHMQ. These refer to health conditions, management practices, diseases, prevention measures, and methods of identification. These are listed in alphabetical order.

Abortion/aborted: Termination of gestation prematurely and expulsion of fetus that is dead or non-viable. For mares, the gestation period is usually 330 to 345 days; therefore, loss of a known pregnancy or delivery of a fetus prior to that time is considered an abortion.

Alkaline hydrolysis (chemical cremation or water cremation): A process that uses water, heat, and alkaline chemicals (usually potassium hydroxide) to break down a human or animal body into bone fragments and an inert liquid.

Antibiotic: A chemical compound that inhibits or kills microorganisms (e.g. bacteria).

Antimicrobial: Any substance of natural, semisynthetic, or synthetic origin that kills or inhibits the growth of microorganisms but causes little or no damage to the host. Technically, all antibiotics are antimicrobials, but not all antimicrobials are antibiotics. For the purposes of this questionnaire, however, the terms 'antimicrobial' and 'antibiotic' are considered synonymous, and the term antibiotic is used in the questionnaire because it is more familiar to equine operations and owners.

Biosecurity: The specific practices and procedures used by an operation to prevent entry of, or limit the spread of, infectious diseases. Examples of biosecurity would be requiring visitors to use a footbath before entering a barn or keeping sick horses in a separate area away from other horses.

Brand: Method of identification that is applied to the skin. The level of information captured in a brand varies. Attributes such as breed, operation or owner, and individual animal such as year born or breed registry number may be communicated in the brand.

Brand, freeze: An identification method in which an area on the skin is frozen. This usually results in hair growing back white where the freeze brand was applied.

Brand, hot-iron: An identification method in which a hot iron is applied to skin resulting in an area with no hair or regrowth of white hair where the branding iron was applied.

Certificate of Veterinary Inspection (CVI): See "Official health certificate".

Chemical euthanasia: A type of euthanasia that uses medical drugs such as barbiturates or potassium chloride. (See euthanasia)

Choke: Occurs when food or a foreign object blocks the esophagus and may be a medical emergency. Also known as esophageal obstruction.

Coggins test: A blood test used to detect antibodies to equine infectious anemia (EIA) virus. Proof of testing for EIA is often required for movement, showing, or sale of equines. The disease caused by EIA is also called swamp fever (see Equine infectious anemia).

Colic: Not a specific disease, but a condition characterized by abdominal pain manifested through a variety of signs, including, but not limited to, tail-switching, pawing, rolling, sweating, and straining to pass urine or manure. Colic is most commonly due to disease of the gastrointestinal tract, but it can be due to pain associated with other intrabdominal and pelvic organs (e.g., reproductive organs, liver, urinary tract). Colic can occur due to impactions with feed or fecal material, intestinal obstructions, worm infections, bacterial infections, and dozens of other conditions, including disorders of the reproductive organs, kidneys, and urinary bladder.

Colostrum: The thick mammary secretions produced around the time of birth that precedes the production of true milk. It is often called "first milk". Colostrum contains nutrients and antibodies. The transfer of antibodies to the newborn through ingestion of colostrum provides protection from microorganisms early in life. To be protected the newborn equine must ingest colostrum within the first few hours of life.

Cryptorchid: A condition where the testicles do not descend from within the abdomen into the scrotum. Can also be referred to as a retained testicle.

Deworm: To administer a medication (anthelmintic) to eliminate or reduce the burden of internal parasites.

DNA: Abbreviation for deoxyribonucleic acid. DNA is a complex molecule composed of repeating units called nucleotides. DNA encodes genetic information.

Dude ranch: A type of working ranch focused on tourism.

Dystocia: Abnormal or difficult birth. The mare is unable to deliver the foal without intervention. Dystocia can be due to maternal or fetal issues. The most common reason for dystocia is improper position of the foal, preventing it from passing through the birth canal.

Eastern Equine Encephalitis (EEE): (see Equine encephalitis)

Endocrine disorder: A disorder in which the endocrine system, which produces hormones, does not function correctly. Examples include insulin dysregulation (ID), equine metabolic syndrome (EMS), and Cushings (PPID).

Endocrine system: Produces hormones. Endocrine tissues include many glands such as the pituitary, thyroid and adrenal glands, as well as organs including the hypothalamus and pancreas.

Embryo: The developing zygote after implantation into the uterine wall, representing the stage of the offspring that is still undergoing the process of forming body structures and organs. The embryonic period begins at fertilization and continues until the earliest primordial stages of organ development.

Equine asthma: Condition due to allergic reaction to environmental allergens that cause inflammation and constriction of the airways. Clinical signs include coughing, nasal discharge, and difficulty breathing. The term "heaves" has historically been used to refer to this condition.

Equine encephalitis, Eastern (EEE), Western (WEE) and Venezuelan (VEE): Viruses spread by infected mosquitos that can cause severe brain inflammation in equids and people. These viruses are widespread in birds and rodents, making them reservoirs for disease. Unvaccinated horses are particularly susceptible. Also called sleeping sickness.

Equine Herpesvirus (EHV): EHV causes several different syndromes in equines. It is associated with abortion or foals that are born weak. It can also cause a fever and signs of respiratory infection. That form of the disease is called rhinopneumonitis (see Rhinopneumonitis). It can also cause neurologic disease resulting in a wobbly gait and in severe form can result in the horse going down and being unable to stand up and can lead to death. This form of the disease is called equine herpesvirus myeloencephalopathy or EHM.

Equine Herpesvirus Myeloencephalopathy (EHM): The neurologic form of EHV. See EHV for more information.

Equine infectious anemia (EIA): A viral disease characterized by sudden fever, swelling in limbs, and anemia (low numbers of red blood cells). Large biting flies (e.g., horse fly, deer fly) commonly spread the virus, but it can also be spread by blood transfusions and improperly sterilized hypodermic needles. EIA is also known as swamp fever. It is a disease for which the Coggins test is performed. Testing for EIA is commonly required for interstate movement, attending equine events such as shows and when there is a change of ownership.

Equine protozoal myeloencephalopathy (EPM): A neurologic disease caused by a protozoan that affects both the brain and the spinal cord of equines. It is a progressive, debilitating, potentially fatal neurological disease of equines.

Equine Viral Arteritis (EVA): A contagious viral disease of equines that can cause a variety of clinical signs that range from no outward effects to severe respiratory signs, dependent edema (swelling), to abortion. EVA is preventable with vaccination, and control programs focus on prevention of spread within breeding populations.

Euthanasia: Refers to the human termination of the life of an individual animal in a way that minimizes or eliminates pain and distress.

Farrier: Farriers are generally certified to perform multiple procedures related to hoof care on equines including the trimming of hooves, application of shoes and pads to protect the hooves.

Fecal egg count (FEC): A test to estimate the number of internal parasite eggs in feces.

Floating teeth: Filing sharp edges of equine cheek teeth with a long-handled rasp or file, which can be operated manually or through a powered instrument. The procedure allows equines to chew their feed more effectively and can also improve acceptance of a bit in the mouth.

Flu (equine influenza): A common cause of viral respiratory disease in equines, influenza causes a sudden illness that can be transmitted easily by coughing. Severity of disease varies depending on the affected animal's general health, age, vaccination history and previous exposure status. The incubation period is generally about 1 to 3 days, and outbreaks can occur when an infected animal joins a group of susceptible animals, such as at a show, sale, or other venue.

Fly sheets: A lightweight mesh blanket that covers a horse's body to protect against biting insects.

Fly tags: Tags that have been treated with insecticide to repel flies. They can attach to a horse's mane, halter or fly sheets.

Founder: A common name for laminitis; see laminitis.

Gathering and loading plan: For the purposes of this study, a plan to get all equines on the property moved to a place for safety where they can be easily loaded onto a trailer for transportation in case of an emergency.

Guest ranch: (See Dude ranch)

Health Certificate: (See Official Health Certificate)

Heaves: (See Equine asthma)

Hermaphrodite: An animal with attributes of both male and female sexes.

Herpesvirus, Equine: (see EHV, EHM, Rhinopneumonitis)

Injury, wounds, or trauma: In this study "injury, wounds, or trauma" refers to conditions resulting from an actual injury or traumatic event, such as colliding with a vehicle, wall, fence, or equipment; being cut by a wire such as barb wire fence; being kicked by another equine; or flipping over backwards. Lameness may or may not result from these types of injuries.

Lameness, leg or hoof problems: For this study, lameness refers to any condition that resulted in a limp or change of gait caused by pain or restriction in movement. Lameness is a hoof, leg, or back problem that can make an equine unusable for its intended purpose without treatment (e.g., drugs, special shoeing, alternative therapy such as acupuncture, etc.). Although lameness is often associated with a specific problem in the bones, joints, muscles, tendons, or ligaments of the limbs or back, it can also result from conditions affecting the whole body, such as metabolic disorders and nutritional imbalances.

Livestock sales broker: A person who facilitates the buying and selling of livestock.

Mechanical euthanasia: A type of euthanasia that uses an object such as a free-bullet firearm (gunshot) or a penetrative captive bolt device that fires a retractable bolt into the skull.

Microchip: An electronic device implanted under the skin usually along the upper neck of the equine that is used to identify animals.

Neurologic problems: A problem affecting the nervous system. The nervous system includes the brain, spinal cord and nerves. Symptoms of a neurological disorder may include signs such as seizures, confusion, poor coordination, changes in movement, weakness or paralysis or abnormal eye movements.

New World Screwworm (NWS): A parasitic fly (*Cochliomyia hominivorax*), and devastating pest, whose larvae (maggots) feed on living flesh. NWS can infest any warm-blooded animal.

Official brand inspection card: An official identification card obtained as part of a brand inspection that is durable and identifies the animal by describing the animal's markings on a sketch.

Official health certificate: (also known as Certificate of Veterinary Inspection, or CVI) An official document issued by an accredited veterinarian or animal health official at the point of origin of a shipment of the equine(s). It includes the following: a description of the equine, including age, breed, color, gender, distinctive markings, and forms of individual identification; purpose of movement; origin and destination; etc. Results of officially required tests such as an EIA (Coggins test) are also often included on the CVI. CVI is required for transport across most state lines e.g. interstate movement as well as being required for some intrastate events or by some equine operations for new arrivals to that operation.

Operation: For the purposes of this study, an operation is a place or facility with five or more equines during the 2022 Agricultural Census. Sampling was based on the number of equines on a single place or facility during the 2022 Agricultural Census, not on an ownership basis (e.g., the total equines owned by an individual, organization, or corporation). Consequently, an owner or manager with multiple places or facilities, each with five or more equines, could be selected more than once to participate in the Equine 2026 study. The operation may now have fewer than 5 equines, and or the equines that reside on the property may not be present on the operation on August 1, 2026. These operations still qualify for the study, please have them continue with the survey as long as they agree to participate.

Operator: For the purposes of this study, the "operator" could be the owner or manager of the equine operation selected for the study. For example, the operator could be the person who owns a 50-horse breeding facility or a 5-horse herd at a personal residence, or it could be the person who manages a 30-horse boarding stable.

Passport (Equine Interstate Passport Card): A form of identification that is typically a laminated card showing a full-color digital image of the equine, owner contact information, and equine health information. In some States, an equine passport is accepted as proof of a negative EIA test and an official health certificate for interstate movement to equine events.

Pigeon fever: A bacterial infection caused by the bacterium *Corynebacterium pseudotuberculosis*. This infection presents with small lumps and sores on the lower limbs, abscesses on the chest and abdomen, or abscesses in internal organs. Sores are painful and can become extensive. Treatment generally is prolonged, and includes good supportive care, wound management, antibiotics, and anti-inflammatories.

Potomac Horse Fever (PHF): is an infection of the small and large intestines with *Neorickettsia risticii*. Equines infected with this bacterium can develop colic, fever, and diarrhea in horses of all ages, as well as abortion in pregnant mares. The disease occurs in spring, summer, and early fall and is associated with pastures bordering creeks or rivers.

Quarantine: Physical separation of an animal or group of animals from other animals on the operation, with no physical contact allowed. It is used to prevent the spread of contagious diseases. For the purposes of the questionnaire, 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. Quarantine is often applied to new arrivals or animals returning to the operation. The term isolation, which is sometimes restricted to the act of pulling a herd mate out from the rest of the herd to separate it from others, may be used in place of quarantine. These terms are often used interchangeably.

Rabies: a highly fatal infection caused by a lyssavirus and producing fatal neurologic disease.

Rehome: to transfer ownership or possession of an animal.

Rendering: process that uses heat to convert animal carcasses into safe, pathogen-free feed protein and other valuable end products.

Rhinopneumonitis, aka Rhino (respiratory form of equine herpesvirus infection – see also EHV): Herpesviruses can cause respiratory disease, primarily in young equines and this form of EHV infection is called rhino; in newborn foals, death from pneumonia can occur. One type of herpesvirus can cause abortion in pregnant mares and outbreaks of neurologic disease (including wobbly gait and inability to stand). The virus can be transmitted by contact with nasal discharges, aborted fetuses, placentas, or placental fluids from infected equines.

***Rhodococcus equi*:** This bacterium can cause respiratory disease in foals from 1 to 6 months old. Foals can inhale or ingest the bacteria, and affected foals will usually show clinical signs such as fever, coughing, abnormal breathing, and, sometimes, diarrhea. With early recognition and treatment of the infection, most foals will recover. The agent can also affect older horses whose immune systems are not working well, but healthy horses greater than 6 months old typically are resistant to the disease. The bacteria can become established in the environment, so that premises can have repeated problems in foals if they do not institute effective efforts to control or prevent additional cases.

Septicemia: An infection that has spread to the bloodstream. May be referred to as blood poisoning.

Sleeping Sickness: (see Eastern Equine Encephalitis)

Stocking rate: For this study, the stocking rate is the average number of equines per acre on the operation over the study period.

Strangles (caused by the bacterium, *Streptococcus equi subsp. equi*): This disease is characterized by snotty nose and inflammation of the upper respiratory tract; the adjacent lymph nodes frequently abscess. Equines can inhale or ingest the bacteria, and the bacteria are very contagious and can be easily transmitted to other equines. Strangles is seen more often in young animals, but animals of any age that haven't been infected before or that haven't been vaccinated against the disease can be affected. Strangles are sometimes called equine distemper.

Swamp fever: Another name for equine infectious anemia (EIA).

Tattoo: A permanent form of identification that is usually unique to each equine and located on the inside of the upper lip. All horses that have officially raced in the United States have a lip tattoo.

Tetanus: A highly fatal disease of most animal species caused by a specific neurotoxin produced by the bacterium *Clostridium tetani*. Muscle spasms cause a rigid posture, stiff gait, elevation of the tail, and “lockjaw,” and can eventually lead to respiratory failure. Horses are very sensitive to this neurotoxin. There is a vaccine available to prevent this disease in equines.

Ultrasound: A form of diagnostic imaging that involves application of high-frequency sound waves to the body and collection of the returning echoes into images that can be analyzed.

Vaccine: A suspension of weakened or killed microorganisms (such as virus and bacteria) or parts of a micro-organism that have been purified and that is administered to help prevent infectious diseases. Vaccines enhance the body's immune (protective) response to microorganisms or toxins produced by microorganisms. Vaccination is the procedure of administering the vaccine into the body to produce immunity to a specific disease. To vaccinate is to administer the vaccine.

Venezuelan Equine Encephalitis (VEE): (See Eastern Equine Encephalitis)

West Nile virus: This virus was recognized in the Western Hemisphere in 1999. In the United States, the virus appears to circulate among birds and is transferred among individual birds predominantly through the feeding of infected mosquitoes. Infected mosquitoes can also transmit the virus to equines and humans, but equines and humans do not pass the virus to other mosquitoes or to other animals. Horses are affected by West Nile virus much more often than other domestic animals. While many do not become ill, about one-third of those that do become ill will die or need to be euthanized. The virus can cause inflammation of the brain and spinal cord and may be accompanied by signs such as stumbling or incoordination, lethargy, fever, weakness or the inability to stand, and muscle twitching (shaking). There are vaccines available to prevent this disease in equines.

Western Equine Encephalitis (WEE): (See Eastern Equine Encephalitis)

Wobblers/Wobbler syndrome (Cervical vertebral malformation, or CVM): A neurologic disease of equines, generally younger ones. The neurologic signs are caused by various developmental malformations of the cervical spine (neck area) that produce narrowing of the vertebral canal and cause pressure on the spinal cord. Signs include weakness, lowered head carriage, hindlimb incoordination, a swinging gait, and difficulty in starting and stopping. Severe cases may become unable to walk or stand.

Appendix - Supplemental Scenario Examples and Product Reference Cards

These are additional scenario examples for questions highlighted in Chapter 4 - Questions of Note.

Item 3 - Screener Question for ANY resident equines on August 1, 2026:

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

Scenario: An equine operation has several horses with different housing arrangements throughout the year.

Horse A is boarded at this operation year-round, except for two weekends away at competitions. Horse B belongs to a neighbor but stays at this operation for five months of the year and spends the remaining seven months at the neighbor's farm.

Horse C is owned by the operation but is sent to a training facility for nine months and returns here for three months.

Horse D is owned by an out-of-state friend but lives at this operation for ten months each year.

Question: Based on the study definition, which horses qualify as resident equines

Answer: A & D

Section B, Item 5 – Veterinary Visits:

Scenario:

An operation had a vet come twice last year for routine care. They also called their vet and sent them photos of a wound when a horse got its leg stuck in a fence. After a few days, it didn't improve, so the vet came to the operation for a follow-up. Another time, a horse colicked, so the operation called and spoke to the vet who said to bring him into the clinic for monitoring and possible surgery. And most recently, 3 horses were brought to the vet clinic for respiratory symptoms.

Response: In this scenario, the operation received several types of veterinary consultations during the reference period. The veterinarian made three on-site visits: two for routine care and one follow-up visit for a wound, and these should be counted as three separate on-site consultations because each involved the veterinarian providing care or advice.

The operation also had one valid remote consultation when they sent photos of the wound and received veterinary guidance, but the phone call about the colicking horse does not count because the veterinarian only instructed them to bring the horse to the clinic, which is not considered a consultation under the study definition.

For hospital visits, the operation transported one horse for colic and later took three horses together for respiratory symptoms; because all three respiratory horses were seen during the same visit, this counts as a single consultation event. Given this information, the question should be filled out as shown below:

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 3
b. Took equines to veterinary hospital?.....	1239	1 ☒ Yes	3 ☐ No	239 2
c. By phone, text, email, or video conference (e.g., telemedicine, not in person)?.....	1240	1 ☒ Yes	3 ☐ No	240 1
d. Other? (specify: ¹²⁴¹)	241	1 ☐ Yes	3 ☒ No	2241

Section C, Item 8 – Vaccination

Scenario:

A husband-and-wife team operates a Standardbred training and racing barn, and they also have Quarter Horses that they show and trail ride. They vaccinate annually with core vaccines (5-way Fluvac Innovator, a West Nile Virus vaccine, one for rabies, and a couple of risk-based vaccines Potomac Horse Fever and one for botulism). They do not use any other vaccines.

Response: PRODUCT REFERENCE: VACCINATION PRODUCT GUIDE (see end of Appendix), the 5-way Fluvac Innovator includes Tetanus, EEE, WEE, Rhino and Flu. Therefore, the question should be filled out as displayed below:

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 (<i>Strep equi</i>)?.....	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 <u>Botulism</u>).....	318	1 ☒ Yes	3 ☐ No	2 ☐ Don't Know

Section C, Items 13 – 15 Average Deworming Frequency

Scenario:

The respondent says “I do not have any equines that are less than 6 months old. The yearlings were dewormed with Quest Plus in the fall and Ivermectin in the spring and the summer. The rest of adults were usually dewormed in the fall and spring. But the high shedders were dewormed in the summer too.”

Response: Be sure to check the “Did not have this age” for Item 13. If the respondent did have this age group, but did not deworm, then be sure to check “Did not deworm”. For Item 14, the respondent dewormed this age group 3 times: 2 different times with ivermectin (spring and summer) and 1 different time with Quest plus (fall). We are asking about the deworming events, not the types of dewormers. For Item 15, since the respondent usually deworms 2 times, 2 will be the average number of times this age group is dewormed. Round the number of times to the nearest whole number.

Number Times		
13. From August 1, 2025, through July 31, 2026, how many times on average did you deworm resident equines that were less than 6 months old ?	e0327	☐ 1 Did not deworm e0327a ☒ 1 Did not have this age e0327b
14. From August 1, 2025, through July 31, 2026, how many times on average did you deworm resident equines that were between 6 and 23 months old ?	3 e0328	☐ 1 Did not deworm e0328a ☐ 1 Did not have this age e0328b
15. From August 1, 2025, through July 31, 2026, how many times on average did you deworm resident equines that were 24 months and older ?	2 e0329	☐ 1 Did not deworm e0329a ☐ 1 Did not have this age e0329b

Section C, Item 16 – Deworming Drugs

Scenario:

A husband-and-wife team operates a Standardbred training and racing barn, and they also have Quarter Horses that they show and trail ride. They regularly deworm about 2x per year and check for effectiveness of their dewormers with fecal egg counts and use them to help with deworming decisions. This year they used Strongid paste, Quest Plus gel, and Panacur to deworm. They did not use any other dewormers.

Response:

Based on the PRODUCT REFERENCE: VACCINATION PRODUCT GUIDE (see end of Appendix), the drug name for Strongid (paste) is Pyrantel Pamoate. For Quest Plus gel, the drug names are Moxidectin and Praziquantel. For Panacur (paste), the drug name is Fenbendazole. Therefore, the question should be filled out as displayed below:

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

Section D, Item 9 – Health event matrix

Scenario:

A husband-and-wife team operates a Standardbred training and racing barn, and they also have Quarter Horses (QH) that they show and trail ride. It has been a challenging year for the training/racing side of the operation with one of their pacers injuring his lower limb requiring a visit from the vet, antibiotic treatment, wound care, and an exercise rehabilitation program.

One of their trotter's experienced some poor performance issues which they had evaluated at the university veterinary clinic. She has been on rest since then and will go back for further evaluation in about a month.

The 2-year-old QH that is currently at another training barn had some signs of a respiratory infection early in the year, and then a second time after a trailer ride to a training workshop. The first episode seemed to clear on its own. Thankfully, he got over the second episode with some antibiotics and a couple of weeks of rest.

The QH mare foaled without major issue and the veterinarian felt that she was doing well at her post-foaling check-ups. She gave birth to a strong foal who nursed well right after he was born. He experienced some mild transient uncomplicated diarrhea when he was less than a month old. He did not require any treatment for his diarrhea, and he has been healthy and growing well!

Response:

For this particular question, it is relevant for equines 6 months to less than 20 years of age, so you would not include the neonatal foal with diarrhea in this table. Therefore, we have 1 equine that was lame and injured, which required antibiotics to clear the infection, one equine evaluated for poor performance and wasn't treated with antibiotics, and one equine had a respiratory infection and was treated with antibiotics. Given this information, the question should be filled out as displayed below:

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.....	489	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 1	492 1	513 0
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 1	498 1	519 0
k. Lameness, leg, or hoof problems ¹	479 1	499 0	520 0
l. Neurologic problems such as spinal problem, wobblers, seizure, West Nile virus, EHM, EPM.....	480	500	521
m. Pigeon fever caused by <i>Corynebacterium pseudotuberculosis</i>	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 Poor Performance).....	488 1	508 0	529 0
u. Treated with antibiotic to prevent disease.....		509 0	
v. Total died or were euthanized.....			530 0

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

Please note that the horse with the injury and lameness was counted in both of these health condition categories. Each type of health condition an equid experiences may be counted. However, an equid may also experience more than one episode of a particular condition or more than one kind of a condition, but only 1 of those instances should be counted because the question asks for how many resident equines were affected with the condition. For example, the QH on this operation had 2 episodes of respiratory signs so the correct answer for Column 2 in the respiratory row is 1.

Please also note that Column 3 then asks, of those resident equids that had respiratory problems, how many received antibiotics at least once. The QH was treated with antibiotics for one of his episodes of respiratory signs, but even if he had been treated with antibiotics for both episodes of respiratory signs, the correct response for the antibiotic treatment column for this condition is still 1.

Section E, Item 1 and 2 – Nonresident equines

Scenario:

This scenario describes a boarding facility experiencing unusually high movement due to regional wildfires. **Twenty-eight equines stayed short-term in temporary pens, each for under 30 days, making them nonresidents.** The facility required only that these horses show no outward signs of respiratory illness or diarrhea, and always kept them quarantined, with no other documentation or veterinary requirements. Meanwhile, **14 new long-term boarders were added and considered new resident equines.** These resident newcomers were always required to have a recent negative Coggins and were quarantined upon arrival. Vaccination and deworming were required only if not up to date, which aligns with “sometimes.” Resident equines did travel off-farm, with the farthest being 300 miles, but did not attend events. The facility routinely quarantined returning equines and sick horses. Fourteen long-term boarders permanently left for reasons related to a changed situation or the owner’s decision to move, not for health or performance reasons.

Response: Based on the above information, Items 1 – 13 should be filled out as shown below:

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
28

(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 ☐

No outward signs of Respiratory Infection or Diarrhea

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

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

Head
612 14

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)?.....	620	1 ☐	2 ☐	3 ☒
b. Veterinary examination other than for official health certificate?.....	621	1 ☐	2 ☐	3 ☒
c. Coggins test, also called EIA test or swamp fever test?.....	622	1 ☒	2 ☐	3 ☐
d. Vaccination within past year?.....	623	1 ☐	2 ☒	3 ☐
e. Deworming within past year?.....	624	1 ☐	2 ☒	3 ☐
f. Screening test for strangles or history of no occurrence in past 6 months?.....	625	1 ☐	2 ☐	3 ☒
g. Other past medical history from owner?.....	626	1 ☐	2 ☐	3 ☒
h. Quarantine prior to contact with resident equines?.....	627	1 ☒	2 ☐	3 ☐
i. Other requirements? (specify: 1628)	628	1 ☒	2 ☐	3 ☐

No outward signs of Respiratory Infection or Diarrhea

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

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?.....

Miles
630 300

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

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 0
b. All other equines that permanently left?.....	644 14
c. Total equines that permanently left (add items 12a-12b).....	645 14
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 4
i. Boarder decided to move equine?.....	☒ 654 10
j. Other? (specify: ¹⁸⁵⁵)	☐ 655
k. Total (Items 13a-13j; should equal Item 12c).....	☐ 656

PRODUCT REFERENCE: VACCINATION PRODUCT GUIDE

PRODUCT REFERENCE: VACCINATION PRODUCT GUIDE	
Trade Name	Vaccinates Against (Vaccine Agent)
Anthrax Spore Vaccine, Live Culture	Bacillus anthracis (Anthrax)
Arvac	Equine Arteritis Virus (EVA)
BotVax B	Clostridium Botulinum Type B
Calvenza-03 EIV/EHV	Rhino (Equine Herpesvirus [EHV]), Flu (influenza)
Core EQ Innovator	Tetanus, EEE, WEE, Rabies, West Nile Virus
Core EQ Innovator + V	Tetanus, EEE, VEE, WEE, Rabies, West Nile Virus
Corynebacterium Pseudotuberculosis Bacterin-Toxoid	Corynebacterium pseudotuberculosis (Pigeon Fever)
Crotalus Atrox Toxoid	Rattlesnake toxin
Endovac-Equi	Salmonella typhimurium
Equi-Jec 6	Tetanus, EEE, WEE, Rhino (Equine Herpesvirus [EHV]), Flu (influenza), West Nile Virus
Equi-Jec 7	Tetanus, EEE, VEE, WEE, Rhino (Equine Herpesvirus [EHV]), Flu (influenza), West Nile Virus
Equi-Jec WNV	West Nile Virus
Equi-Jec WNV+EWT	Tetanus, EEE, WEE, West Nile Virus
Equiloid Innovator	Tetanus, EEE, WEE
Equip EHV 1,4	Rhino (Equine Herpesvirus [EHV])
EquiVac Innovator EHV-1/4	Rhino (Equine Herpesvirus [EHV])
Equine Rotavirus Vaccine	Equine Rotavirus
Flu Avert I.N.	Flu (influenza)
Fluvac Innovator	Flu (influenza)
Fluvac Innovator 4	Tetanus, EEE, WEE, Flu (influenza)
Fluvac Innovator 5	Tetanus, EEE, WEE, Rhino (Equine Herpesvirus [EHV]), Flu (influenza)
Fluvac Innovator 6	Tetanus, EEE, VEE, WEE, Rhino (Equine Herpesvirus [EHV]), Flu (influenza)
Fluvac Innovator EHV-4/1	Rhino (Equine Herpesvirus [EHV]), Flu (influenza)
Imrab 1	Rabies
Imrab 3	Rabies
Imrab Large Animal	Rabies
Imrab + Potomavac	Rabies, Potomac Horse Fever (Neorickettsia risticii)
Lepto EQ Innovator	Leptospirosis
Pinnacle I.N.	Streptococcus equi
Potomavac	Potomac Horse Fever (Neorickettsia risticii)
Prestige 2	Rhino (Equine Herpesvirus [EHV]), Flu (influenza)
Prestige 3	Tetanus, EEE, WEE,
Prestige 3 + WNV	Tetanus, EEE, WEE, West Nile Virus
Prestige 4	Tetanus, EEE, WEE, Flu (influenza)
Prestige 5	Tetanus, EEE, WEE, Rhino (Equine Herpesvirus [EHV]), Flu (influenza)
Prestige EHV-1/4	Rhino (Equine Herpesvirus [EHV])
Prestige 5+WNV	Tetanus, EEE, WEE, Rhino (Equine Herpesvirus [EHV]), Flu (influenza), West Nile Virus
Prestige WNV	West Nile Virus
Prestige EquiRab	Rabies
Prestige Prodigy	Rhino (Equine Herpesvirus [EHV])
Prestige Tetanus	Tetanus
Rabvac 3	Rabies
Rhinomune	Rhino (Equine Herpesvirus [EHV])
Strepvax II	Streptococcus equi (Strangles)
Tetanus Toxoid	Tetanus
Tetguard	Tetanus
Vetera 2xp	Rhino (Equine Herpesvirus [EHV]), Flu (influenza)
Vetera 4xp +WNV	Tetanus, EEE, WEE, Flu (influenza), West Nile Virus
Vetera 5xp	Tetanus, EEE, WEE, Rhino (Equine Herpesvirus [EHV]), Flu (influenza)
Vetera 6xp	Tetanus, EEE, VEE, WEE, Rhino (Equine Herpesvirus [EHV]), Flu (influenza)
Vetera EHVxp 1/4	Rhino (Equine Herpesvirus [EHV])
Vetera EIVxp	Flu (influenza)
Vetera EWT	Tetanus, EEE, WEE
Vetera EWT +WNV	Tetanus, EEE, WEE, West Nile Virus
Vetera Goldxp	Tetanus, EEE, WEE, Rhino (Equine Herpesvirus [EHV]), Flu (influenza), West Nile Virus
Vetera Goldxp + VEE	Tetanus, EEE, VEE, WEE, Rhino (Equine Herpesvirus [EHV]), Flu (influenza), West Nile Virus
Vetera VEWT	Tetanus, EEE, VEE, WEE
Vetera VEWT + WNV	Tetanus, EEE, VEE, WEE, West Nile Virus
Vetera WNV	West Nile Virus
West Nile Innovator	West Nile Virus
West Nile Innovator + EW	EEE, WEE, West Nile Virus
West Nile Innovator + EWT	Tetanus, EEE, WEE, West Nile Virus
West Nile Innovator + VEWT	Tetanus, EEE, VEE, West Nile Virus

PRODUCT REFERENCE: DEWORMER PRODUCT GUIDE

PRODUCT REFERENCE: DEWORMER PRODUCT GUIDE		
Trade Name (Formulation)	Drug Name(s)	Manufacturer
Bimectin (Paste)	Ivermectin	Bimeda
Dechra Ivermectin (Paste)	Ivermectin	Dechra
Duramectin (Paste)	Ivermectin	Durvet
Durvet Ivermectin (Paste)	Ivermectin	Durvet
Eqvalan (Paste)	Ivermectin	Merial
Eqvalan Oral (Liquid)	Ivermectin	Merial
Horse Health Ivermectin (Paste)	Ivermectin	Horse Health Products
IverCare (Paste)	Ivermectin	Farnam
Ivermax (Paste)	Ivermectin	First Companion
Jeffers Ivermectin (Gel)	Ivermectin	Jeffers
Sparamectin-E (Liquid)	Ivermectin	Sparhawk Labs
Vetrimec (Paste)	Ivermectin	VetOne
Zimectrin (Paste)	Ivermectin	Boehringer Ingelheim
Eqvalan Gold (Paste)	Ivermectin AND Praziquantel	Merial
Equimax (Paste)	Ivermectin AND Praziquantel	Bimeda
Zimectrin Gold (Paste)	Ivermectin AND Praziquantel	Boehringer Ingelheim
Quest 2% (Gel)	Moxidectin	Zoetis
Quest Plus (Gel)	Moxidectin AND Praziquantel	Zoetis
Fencare (Pellets)	Fenbendazole	Farnam
Horse to Foal 2x (Pellets)	Fenbendazole	Durvet
Panacur (Paste)	Fenbendazole	Merck
Panacur PowerPac (Paste)	Fenbendazole	Merck
Panacur Suspension 10% (Liquid)	Fenbendazole	Merck
Safe-Guard (Paste)	Fenbendazole	Merck
Safe-Guard Equi-Bits (Pellets)	Fenbendazole	Merck
Durafend (Pellets)	Fenbendazole	Durvet
Anthelcide EQ (Paste)	Oxibendazole	Zoetis
Equistrength (Paste)	Pyrantel Pamoate	First Companion
Exodus (Paste)	Pyrantel Pamoate	Bimeda
Equitel (Paste)	Pyrantel Pamoate	VetOne
Pyrantel (Paste)	Pyrantel Pamoate	Durvet
Strongid (Paste)	Pyrantel Pamoate	Zoetis
Strongid T (Liquid)	Pyrantel Pamoate	Zoetis
Equi Aid CW (Pellets)	Pyrantel Tartrate	Farnam
PyrantelCare (Pellets)	Pyrantel Tartrate	Farnam
Strongid C 2X (Pellets)	Pyrantel Tartrate	Zoetis