

# AAEP Equine Preventive Healthcare Guidelines



Tools to Connect to Your Clients  
and Their Horses

## Frequency of Visits

All horses should have a veterinary examination as least annually. For many horses, more frequent visits may be appropriate. Decisions regarding specific frequency of visits should be made based on the individual needs of the horse.

## Health Evaluation:

### Subjective

History, including evaluation of

- Breed, life stage and life style (activity level)
- General housing and management
- Current ration/diet
- Use as breeding animal
- Behavior/vices

### Objective

Comprehensive physical examination, including

- Dental assessment
- Body condition scoring
- General locomotion
- Pain assessment
- Foot health

### Assessment

On the basis of history and physical exam findings, assessments are made for:

- Medical conditions
- Musculoskeletal conditions
- Parasite prevention and control
- Infectious and zoonotic diseases control
- Dental care
- Use / athletic discipline, breed, and age considerations
- Behavior
- Nutrition/special diets



*These guidelines are intended to provide information for practitioners regarding the care and treatment of their equine patients. The information contained in these guidelines should not be construed as dictating an exclusive protocol, course of treatment, or procedure.*

# AAEP EQUINE PREVENTIVE HEALTHCARE GUIDELINES

## Plan:

Client communication and education plan to include:

### Diagnostic plan

#### Every horse should have:

- Annual dental/physical examination
- Annual fecal examination for internal parasites

#### Customized plan based upon:

- Age, breed, use and metabolic considerations
- Selective endocrine screening for horses > 15 - 20 years of age or those showing signs of equine metabolic syndrome or PPID

### Therapeutic plan

#### Every horse should receive:

- A minimum of one to two broad-spectrum, targeted anthelmintic treatments per year in accordance with existing AAEP guidelines
- Routine farriery recommendations

#### Customized plan based on assessment and consideration of:

- Age, use, geographical/climatic area and other risk factors as determined by attending veterinarian
- Enhanced internal parasite control for young horses less than 2 years of age and mature horses identified as high strongyle egg shedders in accordance with existing AAEP guidelines
- External parasite control in accordance with existing guidelines
- Dental recommendations
- Diet/nutritional recommendations
- Farriery recommendations
- Therapeutic recommendations

### Prevention plan

#### Every horse should have or receive:

- Core vaccine immunizations in accordance with existing AAEP guidelines
  - Rabies
  - West Nile Virus
  - Eastern Equine Encephalomyelitis
  - Western Equine Encephalomyelitis
  - Tetanus
- Reproductive management for horses intended for breeding purposes

#### Customized plan based upon assessment:

- Risk-based vaccine immunization in accordance with existing guidelines
- Life-style based disease prevention recommendations and biosecurity measures in accordance with existing guidelines

### Follow-up plan

- Establish plan for follow-up based upon assessment and future care recommendations
- Set expectations for next visit

### Documentation

- Thorough documentation of patient visit