



Animal and Plant
Health Inspection
Service

August 2026

For more information on this
and previous NAHMS equine
studies, scan the QR code.



National Agricultural
Statistics Service

Greetings!

We are following up on the mailing we sent you approximately one week ago asking for your help in a national study of equine operations conducted by the U.S. Department of Agriculture (USDA) National Animal Health Monitoring System (NAHMS) and National Agriculture Statistics Service (NASS). Your participation is important to increase our understanding of management, availability of veterinary services, and emergency preparedness for horses and other equines.

Enclosed is the study questionnaire. You may complete the paper questionnaire and return it in the enclosed postage-paid envelope, or you may complete the survey online at www.agcounts.usda.gov by entering the 12-digit survey code located on the front of the questionnaire. If you are unable to complete the paper or web-based survey, a NASS representative will reach out to you to complete the survey over the phone or to schedule an in-person interview at a time that is convenient for you.

If you would like to access additional information about the equine study, visit the NAHMS website at www.aphis.usda.gov/naahms and click on "Equine" or use the QR code above. If you have any questions or comments about this study, we would be happy to talk with you. Our toll-free number is 1-888-424-7828.

Your participation ensures that we obtain reliable results that accurately describe the equine industry. Thank you very much for helping with this important equine study.

Sincerely,

Sarah Blasko
Acting Director, Center for Epidemiology and
Animal Health
Veterinary Services, USDA-APHIS-NAHMS

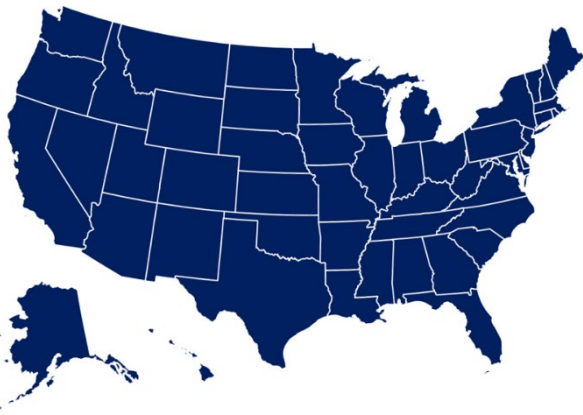
Lance Honig
Chair, Agricultural Statistics Board
USDA-NASS

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.

USDA is an equal opportunity provider, employer, and lender.

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



2026 GENERAL EQUINE HEALTH AND MANAGEMENT QUESTIONNAIRE

OMB No 0579-0269
Approval Expires:xx/xx/xxxx
Project Code:xxx
Survey ID: xxxx



United States
Department of
Agriculture

Animal and Plant Health
Inspection Service
2150 Centre Ave, Bldg. B
Fort Collins, CO 80526-8117

Veterinary Services
National Animal Health Monitoring System

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

The information you provide will be used for statistical purposes only. Your responses will be kept confidential and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection and Statistical Efficiency Act of 2018, Title III of Pub. L. No. 115-435, codified in 44 U.S.C. Ch. 35 and other applicable Federal laws. For more information on how we protect your information please visit: <https://www.nass.usda.gov/confidentiality>. Response is voluntary.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB number is 0579-0269. The time required to complete this information collection is estimated to average 65 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden statement or any other aspect of this information collection, including suggestions for reducing this burden, to APHIS.PRA@usda.gov.

Date: _____
e0001 MM DD YY

BEGINNING TIME (MILITARY)

e0002

Instructions

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

General Information

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

☐ e0003 Equine boarding stable/training

☐ e0004 Riding stable (give lessons, rent equines, etc.)

☐ e0005 Rescue/rehabilitation facility

☐ e0006 Equine breeding farm

☐ e0007 Guest ranch

☐ e0008 Farm or ranch

☐ e0009 Residence with equines for personal use
(show, pleasure, recreation, etc.)

☐ e0010 Other (specify: _____)

e0010oth)

- ☐1 Equine boarding stable/training
☐2 Riding stable (give lessons, rent equines, etc.)
☐3 Rescue/rehabilitation facility
☐4 Equine breeding farm
☐5 Guest ranch
- ☐6 Farm or ranch
☐7 Residence with equines for personal use (show, pleasure, recreation, etc.)
☐8 Other (specify: _____)
- e0011oth)

3. Did this operation have any resident equines on August 1, 2026? e0012

- ☐₁ Yes [Go to Section A.] ☐₃ No [Go to Section H.]

1. What did you consider to be the **primary** use of the resident equines on this operation regardless of ownership, on August 1, 2026? *[Check only one.]* e0101

- ☐1 Pleasure/recreation ☐5 Racing
- ☐2 Lessons/school ☐6 Farm or ranch work
- ☐3 Showing/competition (non-betting) ☐7 Retired, not in use
- ☐4 Breeding ☐8 Other (specify: _____ e0101oth)

- | | | | |
|---|----------|-------|--------|
| a. Donkeys or burros? | e0102 | _____ | # head |
| b. Mules? | e0103 | _____ | # head |
| c. Ponies? | e0104 | _____ | # head |
| d. Miniature horses?..... | e0105 | _____ | # head |
| e. Horses, excluding miniature horses?..... | e0106 | _____ | # head |
| f. Other resident equines? (specify: _____) | e0107oth | e0107 | # head |
| g. Total (add Items 2a–2f) | e0108 | _____ | # head |

- | | | | | |
|----|---|-------|-------------------|--------|
| a. | Birth to 30 days of age? | e0109 | <u> </u> | # head |
| b. | More than 30 days but less than 6 months of age?..... | e0110 | <u> </u> | # head |
| c. | 6 months to less than 1 year of age?..... | e0111 | <u> </u> | # head |
| d. | 1 year to less than 5 years of age?..... | e0112 | <u> </u> | # head |
| e. | 5 years to less than 20 years of age?..... | e0113 | <u> </u> | # head |
| f. | 20 years to less than 30 years of age?..... | e0114 | <u> </u> | # head |
| g. | 30 years of age or older? | e0115 | <u> </u> | # head |
| h. | Total 1 year of age or older (add Items 3d–3g) | e0116 | <u> </u> | # head |
| i. | Total (add Items 3a–3g; should equal Item 2g) | e0117 | <u> </u> | # head |

- | | | | |
|--|-------|-------|--------|
| a. Intact males (stallions and colts)? | e0118 | _____ | # head |
| b. Castrated males (geldings)? | e0119 | _____ | # head |
| c. Intact nonpregnant females? | e0120 | _____ | # head |
| d. Pregnant females? | e0121 | _____ | # head |
| e. Spayed females? | e0122 | _____ | # head |
| f. Unknown status? | e0123 | _____ | # head |
| g. Total (add Items 4a–4f; should equal Item 3h) | e0124 | _____ | # head |

5. As of August 1, 2026, how many of the total resident equines (Item 2g) had the following type(s) of identification: (Each resident equine can have more than one method of identification.) *[Enter 0 for none.]*
- | | | | |
|--|-------|-------|--------|
| a. Hot-iron brand (usually looks like a scar)?..... | e0125 | _____ | # head |
| b. Freeze brand (usually results in white or different color hair)? | e0126 | _____ | # head |
| c. Microchip? | e0127 | _____ | # head |
| d. Tattoo? | e0128 | _____ | # head |
| e. Official brand inspection (card with markings indicated or sketch)? | e0129 | _____ | # head |
| f. Registration papers? | e0130 | _____ | # head |
| g. DNA (blood or hair)? | e0131 | _____ | # head |
| h. Coggins (EIA) test papers (laboratory test results)? | e0132 | _____ | # head |
| i. Halters or collars with name or number? | e0133 | _____ | # head |
| j. Passport? | e0134 | _____ | # head |
| k. Other ID? (specify: _____ e0135oth) | e0135 | _____ | # head |
6. Of the resident equines you reported having on August 1, 2026 (Item 2g), how many of them were you planning to rehome because they are no longer suited for their intended purpose? e0136a/e0136
- ☐ ₁ None _____ # head
7. From August 1, 2025, through July 31, 2026, what did you consider to be the primary agricultural focus of this operation? *[Check only one.]* e0137
- ☐ ₁ Equine products such as foals, embryos, semen, or breeding fees
- ☐ ₂ Equine activities such as boarding, training, lessons, or trail rides
- ☐ ₃ Other livestock or animal production
- ☐ ₄ Crops such as hay, grains, fruits, beans, vegetables, etc.
- ☐ ₅ Other (specify: _____ e0137oth)

Section B – Health Care

1. From August 1, 2025, through July 31, 2026, did you consult the following resources regarding equine **health care decisions**:
- | | | | |
|--|-------|---|--|
| a. Private practice veterinarian? | e0201 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Equine nutritionist who is not a licensed veterinarian? | e0202 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. Equine alternative treatment provider who is not a licensed veterinarian (e.g., acupuncturist, chiropractor, massage therapist)?..... | e0203 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. Equine dental provider who is not a licensed veterinarian?..... | e0204 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| e. Farrier? | e0205 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| f. Extension service including websites and publications, extension agents, university or vocational-agricultural personnel, or 4-H instructors? | e0206 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| g. Riding instructor or horse trainer?..... | e0207 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| h. Government resources such as USDA, CDC, State, or local government personnel, publications or websites? | e0208 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| i. Other equine owners?..... | e0209 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| j. Equine associations, meetings or newsletters (including breed or discipline associations)? | e0210 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| k. Feed store or veterinary supply store personnel? | e0211 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| l. Radio, TV or newspaper? | e0212 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| m. Equine magazines or reference books? | e0213 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| n. Social media such as Twitter (X), Facebook, YouTube, or blogs? | e0214 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| o. Internet search or AI such as Google, Siri, Alexa, or ChatGPT?..... | e0215 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| p. Other Web/Internet?..... | e0216 | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| q. Other? (specify: _____ e0217oth) . e0217 | | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |

[If Items 1a–1q ALL = No, go to Item 3.]

[Date]

2. Of the choices in Item 1, what resource was used most frequently?

[Enter one row letter from item 1.] e0218 _____ row letter

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



- ☐ e0219 I visited the website (<https://www.equinediseasecc.org/>)
- ☐ e0220 I downloaded or used the app
- ☐ e0221 I read email alerts
- ☐ e0222 I used EDCC's disease or biosecurity information (e.g., I read the materials or watched videos)
- ☐ e0223 I read EDCC social media posts or watched videos on social media, like Facebook, Twitter (X), or YouTube
- ☐ e0224 I submitted a message through the website or emailed the organization (edcc@aaep.org)
- ☐ e0225 I've heard of the EDCC, but didn't access any of their resources {Electronic note: make answer exclusive}
- ☐ e0226 I've never heard of the EDCC {Electronic note: make answer exclusive}

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

- a. Wellness care (such as examination of healthy equines, check-up, vaccination, deworming, or routine blood tests)? e0227 ☐ 1 Yes ☐ 3 No
- b. Care for sick or injured equines (such as lameness examination, colic, injury, blood testing, treatment, or surgery)? e0228 ☐ 1 Yes ☐ 3 No
- c. Reproductive services (such as ultrasound, semen collection, or artificial insemination)? e0229 ☐ 1 Yes ☐ 3 No
- d. Dentistry (such as floating teeth or removing teeth)? e0230 ☐ 1 Yes ☐ 3 No
- e. Nutritional consultation? e0231 ☐ 1 Yes ☐ 3 No
- f. Diagnostic tests for individuals or herd (for example, Coggins test)? e0232 ☐ 1 Yes ☐ 3 No
- g. Official health certificate (certificate of veterinary inspection, CVI)? e0233 ☐ 1 Yes ☐ 3 No
- h. Purchase or insurance examination? e0234 ☐ 1 Yes ☐ 3 No
- i. Biosecurity assessment to prevent or control infectious disease beyond vaccination? e0235 ☐ 1 Yes ☐ 3 No
- j. Alternative therapies (such as massage, chiropractic, acupuncture, body work, Reiki, herbal or naturopathic treatments)? e0236 ☐ 1 Yes ☐ 3 No
- k. Other? (specify: _____ e0237oth) . e0237 ☐ 1 Yes ☐ 3 No

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

- a. On-site visit by veterinarian? e0238/e0238a ☐ 1 Yes _____ # times ☐ 3 No
- b. Took equines to veterinary hospital? e0239/e0239a ☐ 1 Yes _____ # times ☐ 3 No
- c. By phone, text, email, or video conference (e.g., telemedicine, not in person)? e0240/e0240a ☐ 1 Yes _____ # times ☐ 3 No
- d. Other? (specify: _____ e0241oth) e0241/e0241a ☐ 1 Yes _____ # times ☐ 3 No

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

Service	How difficult to get?					Did not seek this service
	Not at all	Slightly	Somewhat	Very	Extremely	
a. Emergency services from veterinarians (for urgent health problems) e0242	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b. Non-emergency services from veterinarians (such as general exam, vaccination, dental care, lameness exam, reproductive services) e0243	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c. Veterinarian coverage for shows or events e0244	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d. Farrier services e0245	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

[If Items 6a–6c ALL = ‘Did not seek this service’, go to Item 8.]

7. From August 1, 2025, through July 31, 2026, did you experience any of the following when seeking veterinarian services for resident equines?

[Check all that apply.]

- ☐_{e0246} Took longer than expected to get an appointment
☐_{e0247} Had to see a different veterinarian from my preferred veterinarian
☐_{e0248} Veterinarian was too far away
☐_{e0249} Fees were more than I wanted or could afford to pay
☐_{e0250} Had difficulty with hauling my equines for care
☐_{e0251} Unable to get a veterinarian during an emergency
☐_{e0252} Other? (specify: _____ e0252oth)
☐_{e0253} None of the above

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

- a. Farm call distance for **nearest** veterinarian for equines? e0254/e0254a _____ miles ☐₂ Don't Know
b. Farm call distance for **preferred** veterinarian for equines? e0255/e0255a _____ miles ☐₂ Don't Know
c. Distance to closest clinic or hospital that offers equine surgical, medical, overnight and emergency care? e0256/e0256a _____ miles ☐₂ Don't Know

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

- a. Transporting to the veterinarian? e0257 ☐₁ Yes ☐₃ No
b. Transporting all resident equines to evacuate for an emergency or natural disaster? e0258 ☐₁ Yes ☐₃ No

Section C – Health Management

1. How familiar are you with equine infectious anemia (EIA)? This is the disease for which a Coggins test is done. *[Check only one.]* e0301

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

[If Item 1 = 1, go to Item 4.]

2. From August 1, 2025, through July 31, 2026, how many resident equines were tested for EIA? (Include Coggins or other tests for EIA.) e0302a/e0302 ☐_1 None ____ # head

[If Item 2 = None, go to Item 4.]

3. What was the average cost per EIA test? Include the call fee, cost of transportation, and any other associated costs. e0303 dollars
4. How familiar are you with New World Screwworm?
[Check only one.] e0304
☐_1 Have not heard of it before
☐_2 Recognized the name, not much else
☐_3 Know some basics
☐_4 Knowledgeable on New World Screwworm
5. From August 1, 2025, through July 31, 2026, were any vaccines administered to any resident equine? e0305 ☐_1 Yes ☐_3 No ☐_2 Don't Know

[If Item 5 = No or Don't Know, go to Item 9.]

6. From August 1, 2025, through July 31, 2026, who administered the **majority** of the vaccines to resident equines? [Check only one.] e0306
☐_1 Veterinarian ☐_4 Operation personnel who are not the equine owner or trainer
☐_2 Equine owner ☐_5 Other (specify: _____ e0306oth)
☐_3 Equine trainer
7. From August 1, 2025, through July 31, 2026, which of the following was the **primary** source of vaccines administered to resident equines? [Check only one.] e0307
☐_1 Veterinarian
☐_2 Feed store or veterinary supply store
☐_3 Catalog/Internet
☐_4 Another source (specify: _____ e0307oth)
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)? | e0308 | <input type="checkbox"/> _1 Yes | <input type="checkbox"/> _3 No | <input type="checkbox"/> _2 Don't Know |
| b. Strangles (Strep equi)? | e0309 | <input type="checkbox"/> _1 Yes | <input type="checkbox"/> _3 No | <input type="checkbox"/> _2 Don't Know |
| c. Rhino (Equine Herpesvirus [EHV-1])? | e0310 | <input type="checkbox"/> _1 Yes | <input type="checkbox"/> _3 No | <input type="checkbox"/> _2 Don't Know |
| d. Rabies? | e0311 | <input type="checkbox"/> _1 Yes | <input type="checkbox"/> _3 No | <input type="checkbox"/> _2 Don't Know |
| e. West Nile Virus? | e0312 | <input type="checkbox"/> _1 Yes | <input type="checkbox"/> _3 No | <input type="checkbox"/> _2 Don't Know |
| f. Eastern and Western Equine Encephalitis (sleeping sickness) (EEE&WEE)? | e0313 | <input type="checkbox"/> _1 Yes | <input type="checkbox"/> _3 No | <input type="checkbox"/> _2 Don't Know |
| g. Tetanus? | e0314 | <input type="checkbox"/> _1 Yes | <input type="checkbox"/> _3 No | <input type="checkbox"/> _2 Don't Know |
| h. Equine Viral Arteritis (EVA)? | e0315 | <input type="checkbox"/> _1 Yes | <input type="checkbox"/> _3 No | <input type="checkbox"/> _2 Don't Know |
| i. Venezuelan Equine Encephalitis (VEE)? | e0316 | <input type="checkbox"/> _1 Yes | <input type="checkbox"/> _3 No | <input type="checkbox"/> _2 Don't Know |
| j. Potomac Horse Fever (PHF)? | e0317 | <input type="checkbox"/> _1 Yes | <input type="checkbox"/> _3 No | <input type="checkbox"/> _2 Don't Know |
| k. Other? (specify: _____ e0318oth) | e0318 | <input type="checkbox"/> _1 Yes | <input type="checkbox"/> _3 No | <input type="checkbox"/> _2 Don't Know |
9. From August 1, 2025, through July 31, 2026, which of the following best describes the primary equine dental-care provider used for resident equines? [Check only one.] e0319
☐_1 Veterinarian
☐_2 Equine dental provider who is not a veterinarian
☐_3 Other (specify: _____ e0319oth)
☐_4 No dental care provided {Electronic note: make answer exclusive}

[Date]

10. From August 1, 2025, through July 31, 2026, how many resident male equines on this operation underwent a castration procedure? e0320a/e0320 ☐_1 None _____ # head

11. From August 1, 2025, through July 31, 2026, how many resident equines ever had a wound, laceration or sore? e0321 ☐_1 None _____ # head

[If Item 11 = None, go to Item 13.]

12. From August 1, 2025, through July 31, 2026, did this operation take any of the following actions for wounds, lacerations or sores on resident equines?
- a. Had a veterinarian examine the equine..... e0322 ☐_1 Yes ☐_3 No
 - b. Owner, trainer or operation staff provided care..... e0323 ☐_1 Yes ☐_3 No
 - c. Applied bandages..... e0324 ☐_1 Yes ☐_3 No
 - d. Applied topical treatments e0325 ☐_1 Yes ☐_3 No
 - e. Used fly control measures e0326 ☐_1 Yes ☐_3 No

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**?

Number Times
e0327
e0328
e0329

☐_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**?

☐_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**?

☐_1 Did not deworm e0329a
☐_1 Did not have this age e0329b

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..... e0330 ☐_1 Yes ☐_3 No ☐_2 Don't Know
- b. Fenbendazole..... e0331 ☐_1 Yes ☐_3 No ☐_2 Don't Know
- c. Pyrantel pamoate e0332 ☐_1 Yes ☐_3 No ☐_2 Don't Know
- d. Pyrantel tartrate e0333 ☐_1 Yes ☐_3 No ☐_2 Don't Know
- e. Praziquantel..... e0334 ☐_1 Yes ☐_3 No ☐_2 Don't Know
- f. Oxibendazole e0335 ☐_1 Yes ☐_3 No ☐_2 Don't Know
- g. Other (specify: _____ e0336oth) e0336 ☐_1 Yes ☐_3 No ☐_2 Don't Know

17. In the last 5 years (2022-2026), did you ever have a fecal egg count test performed on feces from resident equines? e0337 ☐_1 Yes ☐_3 No ☐_2 Don't Know

[If Item 17 = No or Don't Know, go to Section D.]

18. Were the fecal egg count test results used for any of the following? *[Check all that apply.]*
- ☐_{e0338} To help guide pasture management practices
 - ☐_{e0339} To help guide deworming decisions
 - ☐_{e0340} Fecal egg counts were done both before and after deworming to evaluate effectiveness of dewormers
 - ☐_{e0341} Part of diagnostic testing for a sick equine
 - ☐_{e0342} Other (specify: _____ _{e0342oth})
 - ☐_{e0343} None of the above {Electronic note: make answer exclusive}
 - ☐_{e0344} Don't know {Electronic note: make answer exclusive}

Section D – Health Events

1. From August 1, 2025, through July 31, 2026 on this operation, were any equines:
- a. Born alive? _{e0401/e0401a} ☐₁ Yes _____ # head ☐₃ No
 - b. Born dead or aborted? _{e0402/e0402a} ☐₁ Yes _____ # head ☐₃ No

[If Item 1a = No, go to Item 3.]

2. Did any of the foals born alive from August 1, 2025, through July 31, 2026 die at or before 30 days of age (including euthanasia)? If yes, how many died at or before 30 days of age? _{e0403/e0403a} ☐₁ Yes _____ # head ☐₃ No
3. Were any foals 30 days or less of age moved onto the operation from August 1, 2025, through July 31, 2026? If yes, how many were moved onto the operation? _{e0404/e0404a} ☐₁ Yes _____ # head ☐₃ No

[If Item 3 = No, go to Item 4.]

- a. Did any of these (Item 3) foals die at or before 30 days of age? If yes, how many died at or before 30 days of age? _{e0405/e0405a} ☐₁ Yes _____ # head ☐₃ No
4. The total number of foal deaths in the first 30 days of life from August 1, 2025, through July 31, 2026 was: *[Add items 2. and 3.a.]*..... _{e0406} _____ # head

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

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

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

5. From August 1, 2025, through July 31, 2026, were any resident foals less than 6 months of age on this operation? _{e0407}
- ☐₁ Yes **[Continue.]** ☐₃ No **[Go to Item 8.]**

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

Answer all columns for resident foals less than 6 months of age, and for the time period from August 1, 2025, through July 31, 2026			
Condition	Number affected with this condition? HEAD	Of the (column 2) resident foals, how many received an antibiotic at least once? HEAD	Of the (column 2) resident foals, how many died or were euthanized due primarily to this condition? HEAD
a. Colic	e0408	e0427	e0447
b. Other digestive problems such as diarrhea or choke	e0409	e0428	e0448
c. Dental problems; do not include routine floating	e0410	e0429	e0449
d. Respiratory problems such as EHV, strangles, flu, pneumonia, equine asthma, heaves	e0411	e0430	e0450
e. Eye problems	e0412	e0431	e0451
f. Skin problems	e0413	e0432	e0452
g. Reproductive problems such as hermaphrodite or cryptorchid	e0414	e0433	e0453
h. Behavioral problems that affected use, health, or safety	e0415	e0434	e0454
i. Injury, wounds or trauma	e0416	e0435	e0455
j. Lameness, leg, or hoof problems ¹	e0417	e0436	e0456
k. Neurologic problems such as spinal problem, wobblers, seizure, West Nile virus, EHM, EPM	e0418	e0437	e0457
l. Pigeon fever caused by <i>Corynebacterium pseudotuberculosis</i>	e0419	e0438	e0458
m. Other infectious disease unrelated to specific body system such as septicemia, or blood infections	e0420	e0439	e0459
n. Chronic weight loss/underweight	e0421	e0440	e0460
o. Overweight/obese	e0422	e0441	e0461
p. Failure to get milk or colostrum from dam	e0423	e0442	e0462
q. Liver or kidney disease	e0424	e0443	e0463
r. Fever of undetermined origin	e0425	e0444	e0464
s. Other (specify: _____) e0426oth	e0426	e0445	e0465
t. Treated with antibiotic to prevent disease		e0446	
u. Total died or were euthanized			e0466

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

7. From August 1, 2025, through July 31, 2026, how many different resident foals less than 6 months of age were treated with an antibiotic at least once? e0467 # head

8. From August 1, 2025, through July 31, 2026, were any resident equines 6 months to less than 20 years of age on this operation? e0468

☐ ₁ Yes [Continue.] ☐ ₃ No [Go to Item 11.]

9. From August 1, 2025, through July 31, 2026, how many different resident equines 6 months to less than 20 years of age became 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? HEAD	Of the (column 2) resident equines, how many died or were euthanized due primarily to this condition? HEAD
a. Colic	e0469	e0489	e0510
b. Other digestive problems such as diarrhea or choke	e0470	e0490	e0511
c. Dental problems; do not include routine floating	e0471	e0491	e0512
d. Respiratory problems such as EHV, strangles, flu, pneumonia, equine asthma, heaves	e0472	e0492	e0513
e. Endocrine disorder such as insulin dysregulation (ID), equine metabolic syndrome (EMS), or Cushings (PPID)	e0473	e0493	e0514
f. Eye problems	e0474	e0494	e0515
g. Skin problems	e0475	e0495	e0516
h. Reproductive problems such as abortion, infertility, or infection of the reproductive tract	e0476	e0496	e0517
i. Behavioral problems that affected use, health, or safety	e0477	e0497	e0518
j. Injury, wounds or trauma	e0478	e0498	e0519
k. Lameness, leg, or hoof problems ¹	e0479	e0499	e0520
l. Neurologic problems such as spinal problem, wobblers, seizure, West Nile virus, EHM, EPM	e0480	e0500	e0521
m. Pigeon fever caused by <i>Corynebacterium pseudotuberculosis</i>	e0481	e0501	e0522
n. Other infectious disease unrelated to specific body system such as septicemia, or blood infections	e0482	e0502	e0523
o. Chronic weight loss/underweight	e0483	e0503	e0524
p. Overweight/obese	e0484	e0504	e0525
q. Liver or kidney disease	e0485	e0505	e0526
r. Cancer	e0486	e0506	e0527
s. Fever of undetermined origin	e0487	e0507	e0528
t. Other (specify: _____) e0488oth	e0488	e0508	e0529
u. Treated with antibiotic to prevent disease		e0509	
v. Total died or were euthanized			e0530

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

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? e0531 _____ # head

11. From August 1, 2025, through July 31, 2026, were any resident equines 20 years of age or older on this operation? e0532

☐ ₁ Yes [Continue.]

☐ ₃ No [Go to Section E.]

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

Answer all columns for resident equines 20 years of age or older, and for the time period from August 1, 2025, through July 31, 2026			
Condition	Number affected with this condition? HEAD	Of the (column 2) resident equines, how many received an antibiotic at least once? HEAD	Of the (column 2) resident equines, how many died or were euthanized due primarily to this condition? HEAD
a. Colic	e0533	e0553	e0574
b. Other digestive problems such as diarrhea or choke	e0534	e0554	e0575
c. Dental problems; do not include routine floating	e0535	e0555	e0576
d. Respiratory problems such as EHV, strangles, flu, pneumonia, equine asthma, heaves	e0536	e0556	e0577
e. Endocrine disorder such as insulin dysregulation (ID), equine metabolic syndrome (EMS), or Cushings (PPID)	e0537	e0557	e0578
f. Eye problems	e0538	e0558	e0579
g. Skin problems	e0539	e0559	e0580
h. Reproductive problems such as abortion, infertility, or infection of the reproductive tract	e0540	e0560	e0581
i. Behavioral problems that affected use, health, or safety	e0541	e0561	e0582
j. Injury, wounds or trauma	e0542	e0562	e0583
k. Lameness, leg, or hoof problems ¹	e0543	e0563	e0584
l. Neurologic problems such as spinal problem, wobblers, seizure, West Nile virus, EHM, EPM	e0544	e0564	e0585
m. Pigeon fever caused by <i>Corynebacterium pseudotuberculosis</i>	e0545	e0565	e0586
n. Other infectious disease unrelated to specific body system such as septicemia, or blood infections	e0546	e0566	e0587
o. Chronic weight loss/underweight	e0547	e0567	e0588
p. Overweight/obese	e0548	e0568	e0589
q. Liver or kidney disease	e0549	e0569	e0590
r. Cancer	e0550	e0570	e0591
s. Fever of undetermined origin	e0551	e0571	e0592
t. Other (specify: _____) e0552oth	e0552	e0572	e0593
u. Treated with antibiotic to prevent disease		e0573	
v. Total died or were euthanized			e0594

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

13. From August 1, 2025, through July 31, 2026, how many different resident equines 20 years of age or older were treated with an antibiotic at least once? e0595 _____ # head

14. The next question asks about the total number of resident equines that died or were euthanized in all age groups, including foals, adults, and older equines. For your operation from August 1, 2025, through July 31, 2026, how many total resident equines: [Enter 0 for none.]

- a. Died? e0596 _____ # head
b. Were euthanized? e0597 _____ # head

[Date]

Section E – Movement

In this section, the term ‘quarantine’ means to prevent nose-to-nose contact with other equines from this operation **and** to prevent sharing of feed, drinking water, and equipment, such as brushes, combs, hoof picks, and buckets, among equines.

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? *[Enter 0 for none.]* e0601 _____ # head

[If Item 1 = 0, 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)? e0602	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Veterinary examination other than for official health certificate? e0603	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Coggins test, also called EIA test or swamp fever test? e0604	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Vaccination within past year? e0605	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Deworming within past year? e0606	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Screening test for strangles or history of no occurrence in past 6 months? e0607	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Other past medical history from owner? e0608	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Quarantine prior to contact with resident equines? e0609	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Other requirements? e0610 (specify: _____ e0610oth)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

3. From August 1, 2025, through July 31, 2026, were any new resident equines, including any foals born to nonresident mares, added to this operation? (**Exclude** foals born to resident mares.) e0611

☐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? *[Enter 0 for none.]* e0612 _____ # head

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)? e0620	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Veterinary examination other than for official health certificate? e0621	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Coggins test, also called EIA test or swamp fever test? e0622	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Vaccination within past year? e0623	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Deworming within past year? e0624	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Screening test for strangles or history of no occurrence in past 6 months? e0625	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Other past medical history from owner? e0626	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Quarantine prior to contact with resident equines? e0627	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Other requirements? e0628 (specify: _____ e0628oth)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

6. From August 1, 2025, through July 31, 2026, were any resident equines transported by vehicle off this operation for any purpose and returned? e0629

☐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? e0630 _____ miles
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? e0631 ☐₁ Yes ☐₃ No
9. Which of the following **best** describes the operation's **general policy** when resident equines leave the operation, come in with outside equines, and return? *[Check only one.]* e0632
- ☐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.) e0633 ☐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.) e0642 ☐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, and how many total equines permanently left?
- a. Equines that left because no longer suited for their intended purpose e0643 _____ # head
- b. All other equines that permanently left..... e0644 _____ # head
- c. Total equines that permanently left (add items 12a–12b)..... e0645 _____ # head
13. Of the (Item 12c) resident equines that permanently left this operation, how many left for the following reasons: *[Enter 0 for none.]*
- a. Business profit?..... e0646 _____ # head
- b. Aged? e0647 _____ # head
- c. Lameness/injury? e0648 _____ # head
- d. Reproductive problem? e0649 _____ # head
- e. Other health problem? e0650 _____ # head
- f. Behavior problem? e0651 _____ # head
- g. Too expensive to keep? e0652 _____ # head
- h. Situation changed, such as owner or children moved or owner illness? e0653 _____ # head
- i. Boarder decided to move equine? e0654 _____ # head
- j. Other? (specify: _____ e0655oth)..... e0655 _____ # head
- k. Total (add items 13a–13j; should equal Item 12c)..... e0656 _____ # head

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

Method	No equines removed by this method	Equines no longer suited for intended purpose HEAD	All other equines that left HEAD
a. Sold directly to a private party	<input type="checkbox"/> e0657	e0664	e0672
b. Given away to a private party	<input type="checkbox"/> e0658	e0665	e0673
c. Donated to charity/research/rescue facility	<input type="checkbox"/> e0659	e0666	e0674
d. Sold at public auction	<input type="checkbox"/> e0660	e0667	e0675
e. Sent to slaughter through livestock sales broker	<input type="checkbox"/> e0661	e0668	e0676
f. Moved to another facility	<input type="checkbox"/> e0662	e0669	e0677
g. Removed by another method (specify: _____ e0670oth)	<input type="checkbox"/> e0663	e0670	e0678
h. Total (add Items 14a–14g; column 2 total should equal Item 12a and column 3 total should equal Item 12b)		e0671	e0679

Section F – Future Planning

- Which of the following **best** describes your plans for this operation's resident equines if this operation is no longer able to house or care for them? *[Check only one.]* e0701
 - ☐₁ I have a formal written plan (such as an estate plan, will, trust or animal trust) in place to provide care for the equines.
 - ☐₂ I have an informal agreement with another person or operation who will provide care for the equines.
 - ☐₃ I have thought about what would happen if this operation is no longer able to house or care for the equines but have not yet made plans.
 - ☐₄ I do not currently have a plan for this situation.
 - ☐₅ I do not have a plan because I do not own any of the equines on this operation.
 - ☐₆ Other (specify: _____ e0701oth)
- In the event of a natural disaster or other emergency that requires evacuation of resident equines, does this operation have the following plans ready today:
 - a. Evacuation route? e0702 ☐₁ Yes ☐₃ No
 - b. Destination to house equines? e0703 ☐₁ Yes ☐₃ No
 - c. Backup/alternative evacuation route? e0704 ☐₁ Yes ☐₃ No
 - d. Backup/alternative destination to house equines? e0705 ☐₁ Yes ☐₃ No
 - e. Identification (ID) plan for all equines? e0706 ☐₁ Yes ☐₃ No
 - f. Gathering and loading plan? e0707 ☐₁ Yes ☐₃ No

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

- What euthanasia method would you expect to be used if one of your resident equines needed to be euthanized? *[Check all that apply.]*
 - ☐_{e0708} Chemical euthanasia by a veterinarian
 - ☐_{e0709} Mechanical euthanasia (such as bullet or bolt)
 - ☐_{e0710} Other (specify: _____ e0710oth)
- If one of your resident equines needed to be euthanized, what do you estimate the cost would be for euthanasia (excluding disposal of remains)? (Please provide your best guess, if unsure.)
 e0711 _____ dollars

5. What equine body disposal methods are available in your area:
- a. Rendering?.....e0712 ☐₁ Yes ☐₃ No ☐₂ Don't Know
 - b. Incineration/cremation?.....e0713 ☐₁ Yes ☐₃ No ☐₂ Don't Know
 - c. Composting?.....e0714 ☐₁ Yes ☐₃ No ☐₂ Don't Know
 - d. Alkaline hydrolysis (also known as chemical cremation or water cremation)?
.....e0715 ☐₁ Yes ☐₃ No ☐₂ Don't Know
 - e. Burial?e0716 ☐₁ Yes ☐₃ No ☐₂ Don't Know
 - f. Landfill?e0717 ☐₁ Yes ☐₃ No ☐₂ Don't Know
6. If one of your resident equines were to die or be euthanized, what do you estimate the cost would be for disposal of the body? (Please provide your best guess, if unsure.)..... e0718 _____dollars

Section G – General Management

1. From August 1, 2025, through July 31, 2026, did this operation ever require people coming onto the equine operation (such as veterinarians, farriers, etc.), to do any of the following for infection control:
- a. Use separate or disinfected equipment/tack?..... e0801 ☐₁ Yes ☐₃ No
 - b. Change clothes or wear clean coveralls? e0802 ☐₁ Yes ☐₃ No
 - c. Disinfect or change boots? e0803 ☐₁ Yes ☐₃ No
 - d. Clean and sanitize hands?..... e0804 ☐₁ Yes ☐₃ No
 - e. Park vehicles away from animal area? e0805 ☐₁ Yes ☐₃ No
 - f. Require visitors to contact healthiest or most susceptible animals first and sick animals last?
..... e0806 ☐₁ Yes ☐₃ No ☐₄ No sick animals
 - g. Other? (specify:_____ e0807oth). e0807 ☐₁ Yes ☐₃ No
2. After someone from this operation visits another equine operation(s), do they normally:
- a. Disinfect equipment/tack? e0808 ☐₁ Yes ☐₃ No
 - b. Change clothes or wear clean coveralls? e0809 ☐₁ Yes ☐₃ No
 - c. Disinfect or change boots? e0810 ☐₁ Yes ☐₃ No
 - d. Clean and sanitize hands?..... e0811 ☐₁ Yes ☐₃ No
3. From August 1, 2025, through July 31, 2026, were any of the following insect control methods used on this operation:
- a. Repellents applied to equines?..... e0812 ☐₁ Yes ☐₃ No
 - b. Insecticides applied in or near equine housing area?..... e0813 ☐₁ Yes ☐₃ No
 - c. Insecticides applied to pasture areas?..... e0814 ☐₁ Yes ☐₃ No
 - d. Regional control program, such as aerial spraying?..... e0815 ☐₁ Yes ☐₃ No
 - e. Sticky tape or insect traps? e0816 ☐₁ Yes ☐₃ No
 - f. Bug zapper?..... e0817 ☐₁ Yes ☐₃ No
 - g. Fly predators specifically brought onto the operation? e0818 ☐₁ Yes ☐₃ No
 - h. Face masks on equines? e0819 ☐₁ Yes ☐₃ No
 - i. Fly sheets on equines? e0820 ☐₁ Yes ☐₃ No
 - j. Fly tags attached to equine halters? e0821 ☐₁ Yes ☐₃ No
 - k. Insect control product in feed or as feed through? e0822 ☐₁ Yes ☐₃ No
 - l. Mosquito treatment in drinking water (mosquito dunks)? e0823 ☐₁ Yes ☐₃ No
 - m. Water container emptied and refilled with fresh water at least weekly
or automatic waterer? e0824 ☐₁ Yes ☐₃ No
 - n. Frequent removal of weeds and/or manure from premises? e0825 ☐₁ Yes ☐₃ No
 - o. Screened-in stalls?..... e0826 ☐₁ Yes ☐₃ No
 - p. Other? (specify:_____ e0827oth). e0827 ☐₁ Yes ☐₃ No

4. From August 1, 2025, through July 31, 2026, did this operation have any resident equines on pasture or range? e0828 ☐₁ Yes **[Continue.]** ☐₃ No **[Go to Item 6.]**
5. From August 1, 2025, through July 31, 2026, what was the average stocking rate of equines on pasture or range (number of equines per acre) for this operation?..... e0829 _____ # equines/acre
6. From August 1, 2025, through July 31, 2026, did this operation compost equine manure on this operation? e0830 ☐₁ Yes ☐₃ No
7. From August 1, 2025, through July 31, 2026, were the following disposal methods for manure, including composted manure and/or waste bedding, used on this operation:
- Applied on fields on the operation where equines currently graze? e0831 ☐₁ Yes ☐₃ No
 - Applied on fields on the operation where no equines currently graze? e0832 ☐₁ Yes ☐₃ No
 - Hauled away or removed from operation?..... e0833 ☐₁ Yes ☐₃ No
 - Manure/waste bedding allowed to accumulate or left to nature? e0834 ☐₁ Yes ☐₃ No
8. Are you or anyone associated with this operation, a member of an equine-related association or club (e.g., breed or discipline association, riding club, 4-H)? e0835 ☐₁ Yes ☐₃ No

Section H – Office Use

1. Enter interview response code *[Check only one.]* e0901

- | | |
|---|---|
| <input type="checkbox"/> ₁ No Resident Equines on August 1, 2026; not eligible for this survey
<input type="checkbox"/> ₂ Out of business
<input type="checkbox"/> ₃ Refusal
<input type="checkbox"/> ₄ Complete | <input type="checkbox"/> ₅ Out of scope
<input type="checkbox"/> ₆ Office hold
<input type="checkbox"/> ₇ Inaccessible |
|---|---|

[If Item 1 = 3 continue, otherwise go to Item 3.]

2. Check refusal response code *[Check only one.]* e0902

- | | |
|---|---|
| <input type="checkbox"/> ₁ Does not want to commit time
<input type="checkbox"/> ₂ Does not have necessary records available
<input type="checkbox"/> ₃ Has participated in too many surveys | <input type="checkbox"/> ₄ A bad time of year (horse activities, second job, etc.)
<input type="checkbox"/> ₅ Believes surveys and reports hurt the farmer more than it helps
<input type="checkbox"/> ₆ No reason given, or other miscellaneous reasons |
|---|---|

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

- | | |
|--|--|
| a. Written or computerized records?..... e0903 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ N/A |
| b. Checked with veterinarian?..... e0904 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ N/A |

4. ENDING TIME (MILITARY)

e0905

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

[Date]

PRODUCT REFERENCE: VACCINATION PRODUCT GUIDE

Trade Name	Vaccinates Against (Vaccine Agent)
Arvac	Togavirus (EVA)
BotVax B	Tetanus
Calvenza EHV	Herpesvirus (Rhino)
Calvenza EIV/EHV; Calvenza-03 EIV/EHV; Equi-Jec 2	Herpesvirus (Rhino)
Calvenza-03 EIV	Flu (Influenza)
Calvenza-03 EIV/EHV	Herpesvirus (Rhino), Flu
CORE EQ INNOVATOR	Tetanus, EEE, WEE, Rabies, West Nile Virus
CORE EQ INNOVATOR + V	Tetanus, EEE, VEE, WEE, Rabies, West Nile Virus
Duvaxyn R	Rotavirus
Encevac TC-4 + VEE	Tetanus, EEE, VEE, WEE, Flu
Encevac TC-4; Prestige 4	Tetanus, EEE, WEE, Flu
Encevac-T	Tetanus, EEE, WEE
Encevac-T + WNV with Havlogen	Tetanus, EEE, WEE, West Nile Virus
Endovac-Equi	Salmonella typhimurium
EqStim; ImmunoRegulin	Propionibacterium acnes
Equi-Jec 5	Tetanus, EEE, WEE, Herpesvirus (Rhino), Flu
Equi-Jec 6	Tetanus, EEE, WEE, Herpesvirus (Rhino), Flu, West Nile Virus
Equi-Jec 7	Tetanus, EEE, VEE, WEE, Herpesvirus (Rhino), Flu, West Nile Virus
Equi-Jec WNV; Vetera WNV	West Nile Virus
Equi-Jec WNV+EWT; Vetera EWT + WNV	Tetanus, EEE, WEE, West Nile Virus
Equiloid Innovator	Tetanus, EEE, WEE
Equimune; Settle	Mycobacterium phlei
EquiNile	West Nile Virus
EquiRab; Prestige EquiRab	Rabies Virus
EquiVac Innovator EHV-1/4	Herpesvirus (Rhino)
Flu Avert I.N.	Flu
Fluvac Innovator	Flu
Fluvac Innovator 4; Fluvac Innovator EWT	Tetanus, EEE, WEE, Herpesvirus, Flu
Fluvac Innovator 5	Tetanus, EEE, WEE, Herpesvirus (Rhino), Flu
Fluvac Innovator 6	Tetanus, EEE, VEE, WEE, Herpesvirus (Rhino), Flu
Fluvac Innovator EHV-4/1	Herpesvirus (Rhino), Flu
GoatVac T	Tetanus
Immunocidin	Mycobacterium phlei (Immunostimulant)
Lepto EQ Innovator	Leptospirosis
Tetanus Toxoid	Tetanus
Crotalus Atrox Toxoid	Crotalus atrox (Rattlesnake)
Corynebacterium Pseudotuberculosis Bacterin-Toxoid	Corynebacterium pseudotuberculosis (Pigeon Fever)
Anthrax Spore Vaccine, Live Culture	Bacillus anthracis (Anthrax)
Rabies Vaccine, Killed Virus	Rabies Virus
Rabies Vaccine, Killed Virus, Neorickettsia Risticii Bacterin	Rabies Virus, Neorickettsia risticii
Neorickettsia Risticii Bacterin	Neorickettsia risticii
Pinnacle I.N.; Pinnacle I.N.	Streptococcus equi
Prestige 2	Herpesvirus (Rhino), Flu
Prestige 5	Tetanus, EEE, WEE, Herpesvirus (Rhino), Flu
Prestige 5 + VEE	Tetanus, EEE, VEE, WEE, Herpesvirus (Rhino), Flu
Prestige EHV-1/4; Prestige with Havlogen	Herpesvirus (Rhino)
Prestige V+WNV	Tetanus, EEE, WEE, Herpesvirus (Rhino), Flu, West Nile Virus
Prodigy with Havlogen; Prestige Prodigy	Herpesvirus (Rhino)
Pulmo-Clear	Caprine Serum Fraction Immunomodulator
Rabvac 3	Rabies Virus
Rhinomune	Herpesvirus (Rhino)
Strepvax II	Streptococcus equi (Strangles)
Super-Tet with Havlogen	Tetanus
Tetguard	Tetanus
Vetera 2xp	Herpesvirus (Rhino), Flu
Vetera 4xp +WNV	Tetanus, EEE, WEE, Flu, West Nile Virus
Vetera 5xp	Tetanus, EEE, WEE, Herpesvirus (Rhino), Flu
Vetera 6xp	Tetanus, EEE, VEE, WEE, Herpesvirus (Rhino), Flu
Vetera EHVxp 1/4	Herpesvirus (Rhino)
Vetera EIVxp	Flu
Vetera EWT	Tetanus, EEE, WEE
Vetera Goldxp	Tetanus, EEE, WEE, Flu, West Nile Virus, Herpesvirus (Rhino/Type 1), Herpesvirus (Rhino/Type 4)
Vetera Goldxp + VEE	Tetanus, EEE, VEE, WEE, Herpesvirus (Rhino), Flu, West Nile Virus
Vetera VEWT	Tetanus, EEE, VEE, WEE
Vetera VEWT + WNV	Tetanus, EEE, VEE, WEE, 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

See reverse for 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
Jeffers Ivermectin (Gel)	Ivermectin	Jeffers
Sparmectin-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
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
Anthelban V (Liquid)	Pyrantel Pamoate	Phoenix
Equistrength (Paste)	Pyrantel Pamoate	First Companion
Exodus (Paste)	Pyrantel Pamoate	Bimeda
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

See reverse for Vaccination Product Guide