

OUR MISSION:

THROUGH INDUSTRY COLLABORATION, THE UNITED HORSE COALITION PROMOTES EDUCATION AND OPTIONS FOR HORSES AT-RISK OR IN TRANSITION.

For a variety of reasons, there comes a time in many horse owners' lives in which they are no longer able, physically, or financially to provide care for their horse. Sometimes the horse is very much wanted, but an owner's circumstances do not allow them to keep their beloved horse. Other times, there may come a point in which a horse does not meet the owners expectations. It is at this juncture that owners may need to make the decision to find other available options for their horse.

Unfortunately some of these horses fall into the neglected category, but with the care outlined in this guide, they can once again become wonderful equine partners that would do well in different situations if given the opportunity. If you've opened up your heart to an at-risk horse, you'll likely find the experience to be a rewarding one, knowing that you gave a deserving horse a second chance.

This guide covers basic care for rehabilitating a neglected horse. In addition to the physical changes your horse will experience with rehabilitation, you may also notice personality changes as the horse gains confidence and good health. Expert advice is always as close as your local equine veterinarian. Your veterinarian should see the horse soon after it arrives in order to develop a healthcare plan. Through nutrition, farrier care and veterinary attention, your once neglected horse can have the life that every horse deserves.

For more information please check out:
www.unitedhorsecoalition.org

BECOME A MEMBER OR DONATE TODAY.

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NFG-398
EQ-UH-1126-AD



UNITED HORSE
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EDUCATE. ADVOCATE. COLLABORATE.

WORKING TOGETHER
TO HELP **AMERICA'S**
EQUINES AT RISK OR
IN TRANSITION.

Courtesy of the United Horse Coalition, the American Horse Council and sponsors; Nutrena, American Farrier's Association and Intervet/Schering-Plough Animal Health



Rehabilitating the Neglected Horse:
A Caregivers' Guide.

NUTRITION:

The first step in rehabbing an underweight or even starved horse is to estimate the body condition using the Body Condition Scoring System. Your veterinarian can show you how to use the scoring system.

The Skinny Horse

Horses that are at or above a body condition score 3 (thin) can generally be brought back to a body condition score of 5 (moderate) in 6-8 weeks with the introduction of a balanced diet (50% good quality hay, 50% grain mix) fed initially at 1.5% of bodyweight in 4-5 feedings per day. The amount can be gradually increased to 2.5 - 2.8% of bodyweight (hay offered free choice, grain fed 2-3 times per day, to a maximum of 0.5% bodyweight per feeding).

Complete feeds, particularly senior feeds, work well in underweight horses due to their low starch levels and high digestibility. Neglected horses are also frequently salt starved, so salt should be introduced gradually at 1-2 ounces per day and increased until it can be offered free choice. Because poor teeth can inhibit weight gain, neglected horses should be seen by an equine dentist early on in the rehabilitation process.

The Starving Horse

Horses that have been truly starved may be at a body condition score of 1 (poor) or 2 (very thin). This level of malnourishment is the result of at least 60-90 days without any feed, or 3-4 months with only poor forage and water. These horses have lost substantial muscle mass, exhibit little to no fatty tissue, and may be hypoglycemic or hyperkalemic. Consequently, starved horses need a very gradual reintroduction to feed.

High-quality alfalfa hay is a popular source of nutrition for starved horses beginning a rehabilitation program because of its high-protein, low-starch content. This should be introduced gradually and increased to free-choice feeding over the course of about two weeks. Senior feeds are another good option for previously starved horses and can be introduced at .5% bodyweight per day, divided between several small feedings. Feed can be gradually increased to normal feeding rates (per feeding directions) over a 10-14 day period. And, of course, fresh, clean water should be available at all times.

While it might be tempting to feed a starving horse a big meal, you must take special care to avoid excessive feed intake in order to reduce the risk of colic, laminitis, diarrhea, and other metabolic disturbances. Close observation of the horse and regular blood-testing can also help to prevent complications.



Rooty Before



Rooty After

FARRIER CARE:

Any rehabilitation program—whether prompted by disease, injury, or neglect—must incorporate a solid commitment to hoof care. In some cases, rehabilitation may require special, therapeutic shoeing, while others may only require general trimming and maintenance of healthy bare feet.

Finding a Farrier

Hoof rehab require that you work with a professional farrier who understand anatomy, biomechanics, gaits, and overall hoof care, including the application of specialty shoes when necessary. Such care requires professionalism and a knowledge of how to work and coordinate with other equine healthcare professionals, including veterinarians and nutritionists.



While there are many ways to find a farrier, finding someone capable of providing the level of care necessary for rehabilitation should be done carefully. Ideally, you want a farrier who takes advantage of continuing education, works to stay current, and voluntarily participates in farrier certification programs.



Rehabbing the Hoof

Hoof health is established through daily care, maintenance, and routine farrier visits every six to eight weeks (depending on the horse and the season). For a horse in rehab, however, scheduling is often more situational and may vary according to the horse's individual needs.

Horses suffering from injury or disease-related lameness may require therapeutic shoes that need to be adjusted or changed more frequently. Those suffering from neglect may need to be short-cycled to four weeks in order to gradually restore the conformation of the hoof without causing further damage.

Start your horse's hoof care with a farrier visit shortly after the horse has arrived and settled in. It is important that your horse has enough strength and balance to stand for the farrier work, so your farrier may advise waiting until the horse gains weight before beginning a program. Your farrier may request a set of x-rays in order to assess internal damage and to develop a plan for restoring the hoof. It is important that your farrier and veterinarian communicate, especially when dealing with lameness associated with inadequate or nonexistent hoof care.

Most horses needing a rehab program did not arrive in that state overnight and should, therefore, not be expected to recover overnight, either. Instead, effective rehabilitation relies on an established long-term program. Because the hoof capsule does not heal so much as it regenerates, it may take up to a year for the hoof to be completely restored. However, with good nutritional support, regular veterinary attention, and routine farrier care, hoof health can be achieved.

VETERINARY CARE:

When at-risk horses are removed from abusive or neglectful homes, their vaccination and deworming histories are often unknown or non-existent. Therefore, it is critical that you work with your veterinarian to develop a vaccination and deworming schedule that assumes no care has been given in the past. You should quarantine your new horse and monitor him for signs of parasites and contagious respiratory diseases before integrating him into the rest of your herd.

Vaccinations

Your location and your horse's intended purpose will largely determine which vaccines your veterinarian recommends. The American Association of Equine Practitioners recognizes five high-benefit, low-risk that should be at the core of any vaccination program. These are Tetanus, Eastern Equine Encephalomyelitis, Western Equine Encephalomyelitis, West Nile Virus, and Rabies.



Your veterinarian will want to schedule the vaccines far enough apart as to not overwhelm the horse's system, especially since the horse may be malnourished or carrying a heavy parasite burden. At the beginning of the vaccination cycle, your veterinarian will likely administer a primary dose—a double dose spread several weeks apart—of each vaccine.

Deworming

Many neglected horses have never seen a tube of dewormer in their entire lives. Deworming can make an immediate and noticeable difference in the horse's energy levels, weight, and outward appearance. What appears to be a hay belly might actually be an unhealthy parasite burden.



When your veterinarian determines that your horse is of sufficient weight and body condition to handle deworming, you should administer a larvicidal treatment that will control all stages of small strongyles, including the important early-third stage (EL3), as well as long strongyles, pinworms, and roundworms. Small strongyles are

considered the #1 internal parasite problem in horses today, mostly due to their prevalence and persistence. This highly invasive parasite is able to burrow into and survive in the intestinal wall for up to three years.

After about four weeks, follow up the larvicidal treatment with a dose of ivermectin or moxidectin (with or without a tapeworm treatment).

After this initial deworming, your veterinarian can help you to develop a strategic program which treats the horse based on fecal egg counts and exposure risks. By targeting your horse at the right time with the right dewormer, you will maximize the efficiency and effectiveness of your deworming program as well as the health of your horse.