



Covered Bridge Equine, P.C.



Spring 2010



Dear Clients,

Greetings from all of us at Covered Bridge Equine! We wanted to send this newsletter to update all of our clients on a few changes at our veterinary practice. In an attempt to “**Go Green**”, this will be the last hard copy newsletter that we will be mailing. All of our newsletters will now be sent via e-mail in order to save paper. We appreciate your understanding and hope this isn't an inconvenience for you.

Do we have your e-mail address? We are gradually collecting everyone's address but this takes time. If you didn't receive this newsletter via e-mail, please let us know your e-mail address so we can add you to our list. Our office e-mail address is coveredbridgeeq@yahoo.com

What's New at CBE???

We are pleased to announce that we are now offering **Digital Coggins!** These digital certificates are much improved... the old carbon copy paper forms are relics of the past thanks to advanced technology!

The new digital Coggins certificates will have three pictures of your horse for better identification and a shorter waiting period for delivery. Cost is \$32 per Coggins. Once the blood is drawn and pictures are taken, you will have a short waiting period (while the test is run at the lab) of about 2 days. You will then need to go to the website **www.MyVetLink.com** to set up your account. Access to the site is 24/7 with any internet connection, which makes this system very convenient. It's also a secure storage of certificates that can be referenced anytime. No more worrying about having a notarized copy from our office for weekend shows. The forms are also very clean, clear, and professional.

Once you set up your account on **www.MyVetLink.com**, you can download and print your Coggins certificates yourself (as many as you like and whenever you need them)! They can be done in color or black and white. Each year, the same digital pictures can be used unless the markings on the horse have changed (such as grey horses). There are a few items that you can do to help us with the picture-taking process:

- Remove blankets, fly masks, and bell boots
- Remove any mud from the horse's legs to facilitate identification of socks and stockings
- Have your horse's birth date available if you have access to it

Continuing Education

We are always trying to stay on top of current medical/surgical techniques in equine practice. **Dr. Peroni is now practicing acupuncture** and is diligently working with the Chi Institute in Reddick, Florida. This intense training takes 9 months to complete. Acupuncture can be useful to treat many different conditions, such as arthritis, navicular disease, laminitis, soft tissue injuries, anhidrosis (non-sweating), back pain, roarers, and eye conditions. She is excited to continue offering this alternative treatment to CBE clients.



Dr. Stone is traveling to California in June to attend the annual conference of the American College of Veterinary Internal Medicine. She plans to learn more about foals and the newest information in complex medical cases.

Many of you have asked about **Dr. Kim Keeton**. Dr. Keeton left CBE in February and is on a year-long trek in the UK to further her veterinary expertise and obtain international riding experience. She is working in a large equine practice and is one of 27 practicing veterinarians. Her specialty in this practice largely involves stallions and embryo transfer to recipient mares. Word on the street is that she has been working very long hours and also somehow managed to land her little veterinary car in a large body of water. Hmmmm.... We wish Dr. Keeton the best of luck in her competitions and professional endeavors, and for goodness sakes be careful on the roads!



Have you ever wondered what happened to **Dr. Jennifer Howard**? She worked with us at CBE for several years and left in the fall of 2007. Well she's back in the Athens area and just recently opened her own small animal clinic located on Prince Avenue called **Boulevard Animal Hospital**. Check it out at www.downtownathensvet.com We miss Dr. Howard but are very happy for her and the opening of her practice!

Pasture Management

Every year it's always a good idea to review pasture management. If possible, keep horses off of the fields as the new grass is coming in. New grass is somewhat delicate and having it cut up by hooves in mud or being grazed to the ground as it comes up will result in sparser fields as spring turns into summer. If you can, rotate fields so the grass has a chance to get a foothold and doesn't get completely grazed down. Your horses will benefit because they will still have grass to eat and you will have healthy fields to get through the heat of summer.

Laminitis

For any horses with a history of laminitis or founder, it is time to bring out the grazing muzzles again. If you prefer not to muzzle your horse, limit grazing time to 2-4 hours and preferably in the morning when grasses are lower in carbohydrates. Areas of grass in the shade also have lower sugar and carbohydrate levels.



For horses who have never had laminitis but who are overweight, a grazing muzzle as well as diet and exercise can be key to preventing this debilitating and sometimes fatal condition from occurring in the first place. Horses whose body condition score (a measure of fat deposits on the body) is greater than 7 on a scale of 1-9 are at an increased risk of laminitis. If you think your horse is overweight, ask us to body condition score them when we are out for spring vaccines and discuss a weight loss plan. Bloodwork may also be helpful in finding an underlying cause of obesity. By measuring serum levels of glucose, insulin, cortisol, and thyroid hormones, we may be able to help you

come up with management options that will keep your horse healthy for years to come. **Remember for laminitis, there is no cure; prevention is the key.**



Miniature Horse Popularity



These small members of the horse world possess many good qualities: exceptional companionship (for people and other horses), lively personalities, smaller paddocks, pastures and barns requirements, and they also consume much less feed than their 1000lb equine relatives! They can pull carts and be shown in halter classes competitively. Several of our beloved clients also make their rounds in Christmas parades each year. With the increasing popularity of this breed, there are a few medical concerns of which owners should be aware:

1. Dystocia (birthing trouble) is more common in this breed than full sized horses. Therefore, they require close observation while delivering.
2. Premature separation of the placenta (leaving the foal deprived of oxygen) is also more common in this breed than others. Once again, being present when the foal is born is the best way to go.
3. Laminitis, or founder, is a very common problem in these little horses, especially the overweight adult animals. Miniatures require minimal grain, even if they are exercised regularly, and access to lush pasture should be minimized.
4. Dental problems can also be an issue because of their small jaw size. Make sure the horse receives an oral exam every 6 months and routine floating (with the appropriate small-sized speculum and dental instruments) should be carried out regularly.
5. A certain type of colic (small colon impaction) is also common in miniatures.

Banamine Safety



Banamine, also known as Flunixin Meglumine, is a prescription medication that is commonly used on horses as a pain reliever. We administer this medication to horses for treatment of colic pain, eye pain, and other soft tissue injuries. We also commonly dispense Banamine to our clients to have on-hand in a first aid kit. During episodes of mild colic pain or muscular discomfort, we may advise you to give your horse Banamine. The purpose of this section of our newsletter is to ensure that administration of Banamine is done safely.

1. Banamine comes in the form of either paste or liquid. The paste is in a tube with approximately three doses, depending on the size of the horse or pony being treated. **Banamine paste is safe and effective and given by mouth, which makes administration very easy for horse owners.**
2. The **liquid (also known as injectable) can be given intravenously (IV)** or the liquid can be administered by **squirting it into the horse's mouth**. Intravenous injections should only be given by a veterinarian or by a person experienced in giving IV injections. If this medication is given in the artery by mistake, seizures and other severe reactions, including death, can occur. Use caution when giving IV injections, and if you're not comfortable doing IV shots, use the liquid and squirt it directly into the horse's mouth! This is a safe and effective way of giving Banamine.
3. **DO NOT GIVE BANAMINE BY INTRAMUSCULAR (IM) INJECTION.** Although years ago this was a common method of administration, a small percentage of horses will develop serious abscesses within the muscle. Sometimes these abscesses can be extremely severe (the entire neck of some horses will slough off from the infection) and this condition can end up being life-threatening to the horse. Treatment may involve hospitalization and intensive care.



Suggested Deworming Schedule

January- Ivermectin (Zimectrin, Equell, or Equivalan)

March- Ivermectin/Praziquantel (Zimectrin Gold or Equimax)

May- Ivermectin (Zimectrin, Equell, Equivalan)

July- Double dose of Pyrantel Pamoate (Strongid)

September- Moxidectin (Quest)

November- Ivermectin (Zimectrin, Equell, Equivalan)

- Do fecal exams once a year
- Don't use Quest on horses under 1 year of age or on miniature horses or miniature donkeys. Also, if the horse has not been dewormed in several months, choose either Strongid or Ivermectin instead of Quest. Quest is a fast-kill dewormer and can cause a large quantity of parasites to die at once, potentially causing an impaction colic.
- Panacur power packs are very effective dewormers (this is a double dose of fenbendazole once a day for 5 days). This is not included in our regular deworming schedule but can be substituted in the above schedule if necessary.

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