



SPRING 2025 NEWSLETTER

# AAEVT

AMERICAN ASSOCIATION OF  
VETERINARY TECHNICIANS & ASSISTANTS



## Happy Spring AAEVT Members!

As you know, every year the President of the AAEVT selects a theme and for 2025, my theme is **TENACITY**. As equine CrVT's, assistants, and support staff, I believe we all have a high level of tenacity within us. I am reminded of this at every meeting I attend and get to know more of our members. We all have a collective passion for providing the best possible care for our equine patients and are continuously expanding our knowledge. The AAEVT works tirelessly to provide our members with top-quality continuing education, valuable member benefits and resources to support sustainable careers in equine medicine.

2024 President Travis Otremba, CrVT, led with the theme of *Empowerment*, inspiring AAEVT members and driving discussions on career sustainability, particularly financial stability. He has a true talent for empowering his fellow AAEVT members, and I am honored to call him a friend. I look forward to building on these efforts in 2025 to further support the advancement of our members' careers.

The AAEVT is a Community that supports each other, encouraging us to tap into our inner Tenacity to keep advocating for the advancement of our careers. I encourage you to explore *The Guidelines for Utilization of EQ CrVT*—a valuable resource created by the AAEVT to help you advocate for yourself and your career.

In my 17 years in the veterinary industry, 14 of those as a CrVT, there have been advancements in staff utilization and the establishment of "Scopes of Practice" in more states for CrVT's. These advancements are stepping stones but we must continue to build on them. With fewer individuals entering equine veterinary medicine, now is the time to maximize the role of technicians, assistants and support staff to benefit practices, clients, and patients.

Increased utilization leads to greater job satisfaction, which in turn improves retention in our field. While these talks may be challenging to have within your clinic, they are essential. Remember to tap into your Tenacity—your AAEVT community is here to support you.



With Colorado's passing of the Veterinary Professional Associate, (VPA), it is imperative that CrVT's and assistants take a stance and advocate for the advancement of our profession. Having led the Big Sky Veterinary Technician Association in Montana for 11 years and successfully worked to pass legislation for Technician Licensure and a defined "Scope of Practice" under the State Veterinary Medical Association, I see the VPA as a major setback. We must focus on properly utilizing existing professionals rather than adding another tier that further complicates the field.

I look forward to continuing these discussions during our *Morning Mugs*, *Triple Drips*, and *AAEVT Meetings* throughout the year. If you haven't already joined the AAEVT Community Page on FB, please do. It is a great place to network and engage with fellow AAEVT members.

Remember to tap into that inner **Tenacity!**

Eli Olind, CrVT | 2025 AAEVT President

# UPCOMING AAEVT EVENTS 2025



**July 11-12, 2025**  
AAEVT Regional Meeting  
Hagyard Medical Center, Lexington, KY

**August 15-16, 2025**  
AAEVT Imaging Meeting  
Animal Imaging, Irving, TX

**September 5-6, 2025**  
AAEVT Anesthesia Meeting  
Jackpot Equine, Tuscon, AZ

**December 6-9, 2025**  
AAEVT/AAEP Annual Convention  
Denver, CO

*We look forward to connecting with you at one or more of these meetings this year!*

## 2025 AAEVT Board & Executive Team:



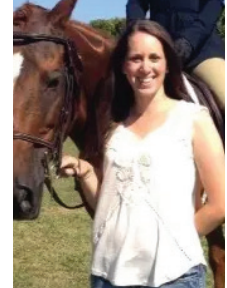
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## 2025 AAEVT Regional Contacts:

Our Regional Contacts are our "Boots on the Ground." They are the liaisons between our members and our Board—keeping everyone up to date on upcoming events, concerns and ideas.

**Find your state's Regional Contact on the next page!**

*If you have an interest in becoming a part of our organization or would like to learn more, please reach out to our Regional Director Kimmie Burton at [kburton@desertpinesequine.com](mailto:kburton@desertpinesequine.com).*



## US East Regional Contacts:



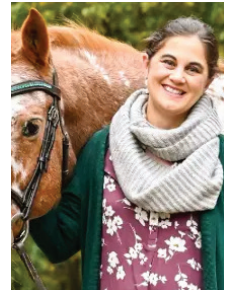
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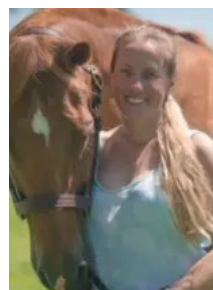
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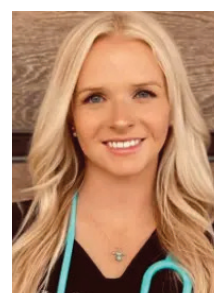
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# Veterinary Professional Associate (formerly Mid-Level Practitioner) – Update

*From the AAEP's April 2025 EVE Publication*

*The issue surrounding the Veterinary Professional Associate role continues to gain traction, expanding beyond Colorado into other states. While the current focus is primarily on companion animals, it is anticipated that equine practice will soon be impacted as well.*

*We encourage you to review the article in the April 2025 issue of EVE, along with the AAEP's official statement regarding the Veterinary Professional Associate position. One of the most effective actions we can take is to collectively raise our voices. As recommended in EVE, please reach out to your state legislators and/or your state VMA to share your perspective.*

*We also encourage you to discuss this issue within your practice—veterinarians, technicians, and support staff alike—so that their voices may be added to this important conversation.*

*Thank you for your continued engagement and advocacy on behalf of our profession and the animals we serve.*

## AAEVT Statement: Mid-Level Practitioner

The recent decision in Colorado to authorize the role of Mid-Level Veterinary Practitioners has left many in our community disheartened and deeply concerned. Despite strong opposition from veterinarians, veterinary technicians, and respected organizations like the AAEP and AVMA, this legislation has passed. We question how a measure with such widespread opposition made its way through the legislative process.

At AAEVT, we believe that this decision may not solve the issue of staffing shortages and may in fact widen the gap in providing quality veterinary care. The requirements for this new role raise concerns about the qualifications and skill levels involved. It's unsettling to think that individuals with a less comprehensive education than credentialed technicians might be entrusted with the responsibility of managing the health of our companion animals and equines.

In solidarity with the AAEP, AVMA, and other respected voices, the AAEVT stands firmly against this bill.

We will continue to advocate for our members and for standards that uphold the highest level of care in our field.

### Thoughts & Concerns:

- Strengthening existing programs for veterinary technicians, rather than creating a new role, would likely yield better outcomes. The AAEVT's Technician Guideline Reference, which outlines three levels of technician utilization, establishes clear competency standards to help veterinarians integrate licensed technicians effectively.

- The new Mid-Level Practitioner role should carefully consider the legal ramifications of diagnosing, prescribing, and performing procedures. Expanding these responsibilities without adequate safeguards may pose significant risks to patient care and practitioner liability.
- This bill also undermines the foundations that Credentialed Veterinary Technicians (CrVTs) have built. Without national title protection and standardization, the decision further complicates an already fragmented system.
- The Veterinarian-Technician partnership is fundamental to high-quality veterinary care. Licensed technicians bring specialized education and expertise, allowing veterinarians and technicians together to provide the best outcomes for animal welfare—a goal this new role may not support.

### Four Key Points:

- **Retention:** Compensation Package, Work/Life Balance, Paid Time Off.
- **Draw:** Tech/Intern Program-Mentorship, (AVMA accredited school offers 95% Companion Animal and very little Equine/Large Animal).
- **Education:** Reimbursement after two, (2) years of work offering financial assistance to attend Tech School. Assistants play an important and valuable role in veterinary practice, showcase the value of furthering their education& creating a career.
- **Outreach:** High School Career Center – make aware and highlight the opportunities of becoming a careered Veterinary Technician.



## AAEVT Anesthesia Society

Our Anesthesia Society continues to grow, both in membership and attendance at our meetings. We are grateful to the outstanding clinics that have generously hosted our events and to those offering to host in the future. Your contributions provide valuable learning opportunities for our members, and we deeply appreciate your time and dedication.

The Anesthesia Skills Verification Exam (ASVE), formerly the AAEVT Anesthesia Society Certification, along with the registration process, is undergoing some updates. As a result, the committee has decided not to offer the exam this year in Denver. This decision reflects our commitment to delivering a comprehensive and

proficient examination with clearly defined requirements. The updated exam will be available next year in Las Vegas at the AAEVT/AAEP Convention!



As our Society continues to expand, we remain dedicated to providing the highest level of support and education for our members. We encourage you to join us for our Triple Drip calls, held on the second Saturday of each month, and to connect with us on our **Anesthesia Society Community Facebook Page:** <https://www.facebook.com/groups/1721582321741233>.

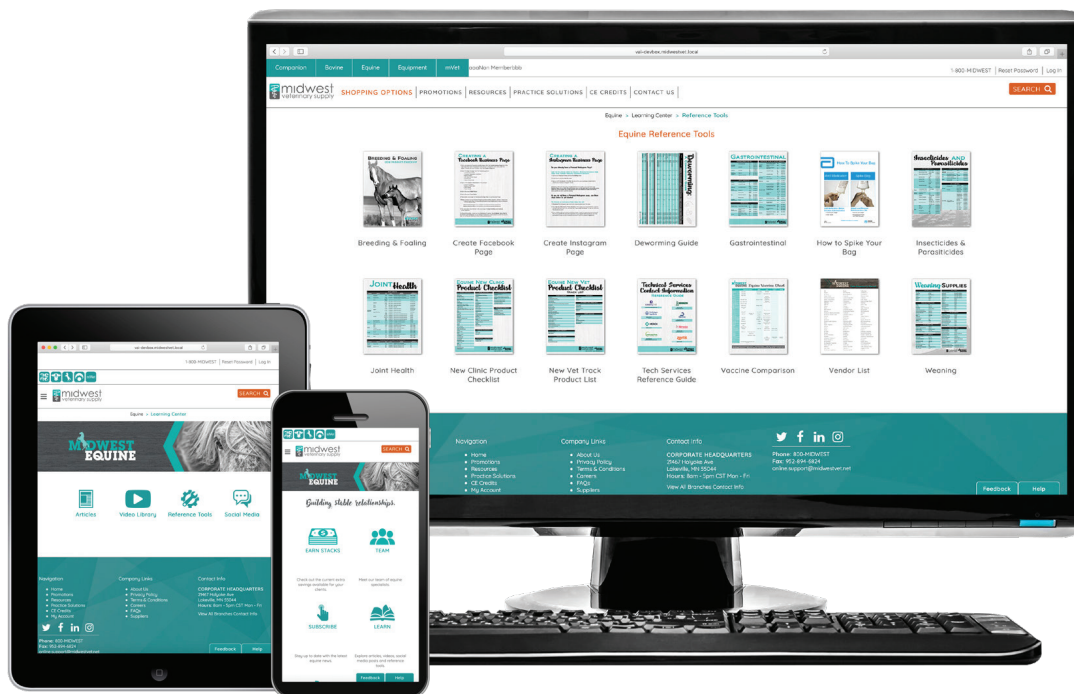
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# The AA EVT Online Certificate Academy has 2 new Graduates!

Pamela Hansen - Double B Equine Transport

Tammy Marjerrison - Montana

Did you know our Certificate program is the only Equine specific online program recognized by the AA EVT and the AA EP?

Did you know that it is self-paced, online and easy to fit into your work schedule?

Did you know that we offer 2 Scholarships a year?

We are working on adding some new content and videos! Including an optional Course IV with a focus on Practice Management and CSR training!

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An online program providing equine specific training – from basic to advanced – to those employed by equine practitioners and to those with an interest in pursuing a career in the equine veterinary profession.

*"This additional education helped grow and solidify my knowledge, giving me greater self-confidence and enabling me to be a more valuable asset to my practice and MOST importantly, to the equine patients I care for!"*  
– Felicia W., RVT

Learn more at [www.AAEVT.org/online-certificate-program](http://www.AAEVT.org/online-certificate-program)  
Scholarships are available.

**Mark Your Calendars!** In addition to our CE Events on page 2, AA EVT will also have a presence at:

VMAE/AVMA – July 18-19, 2025, Washington, DC

Hambletonian – July 31-8/2, 2025, Rutherford, NJ

TEVA – July 31-8/2, 2025, Marble Falls, TX

AVTE – August 1-3, 2025, Louisville, KY

NAEP – September 24-27, 2025, Saratoga Springs, NY

Purina – October 10-12, 2025, St Louis, MO

Stay up to date on all AA EVT Regional and Anesthesia Society CE Events, visit:

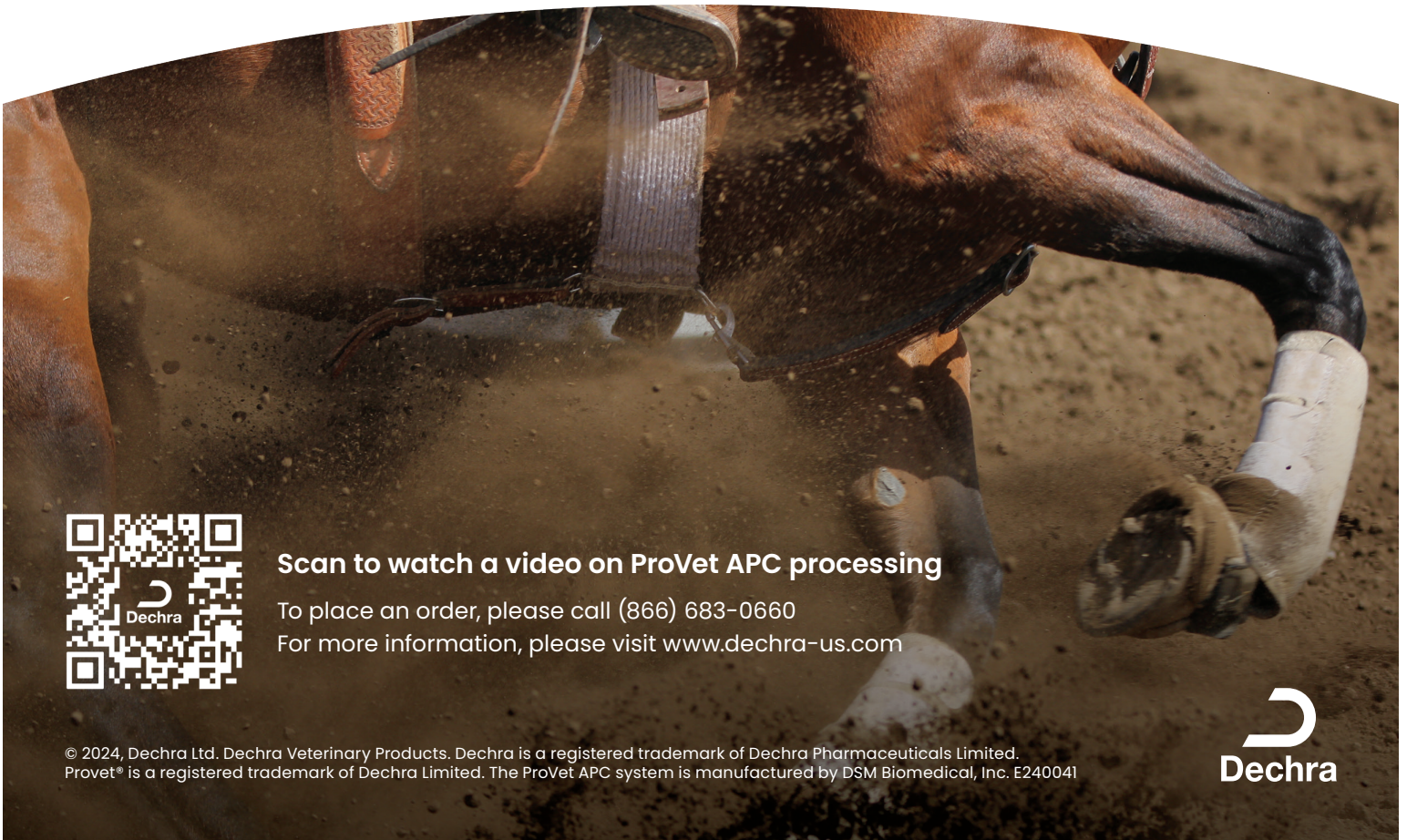
**[www.AAEVT.org/ce-events](http://www.AAEVT.org/ce-events)**



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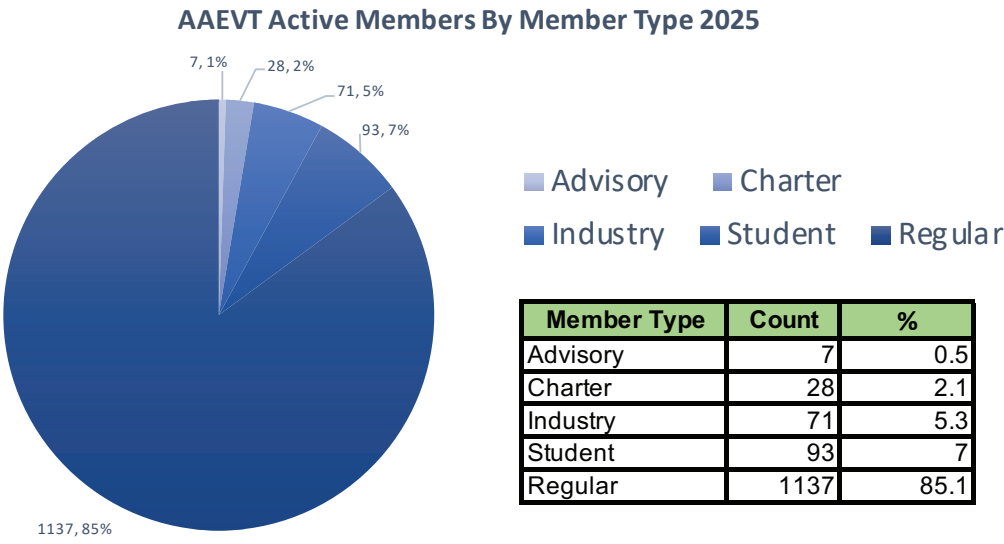
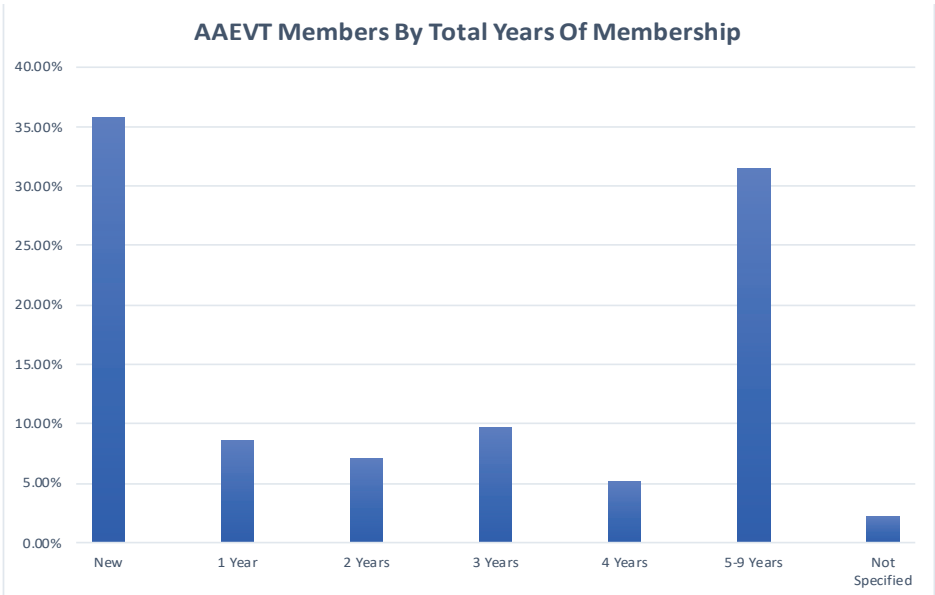
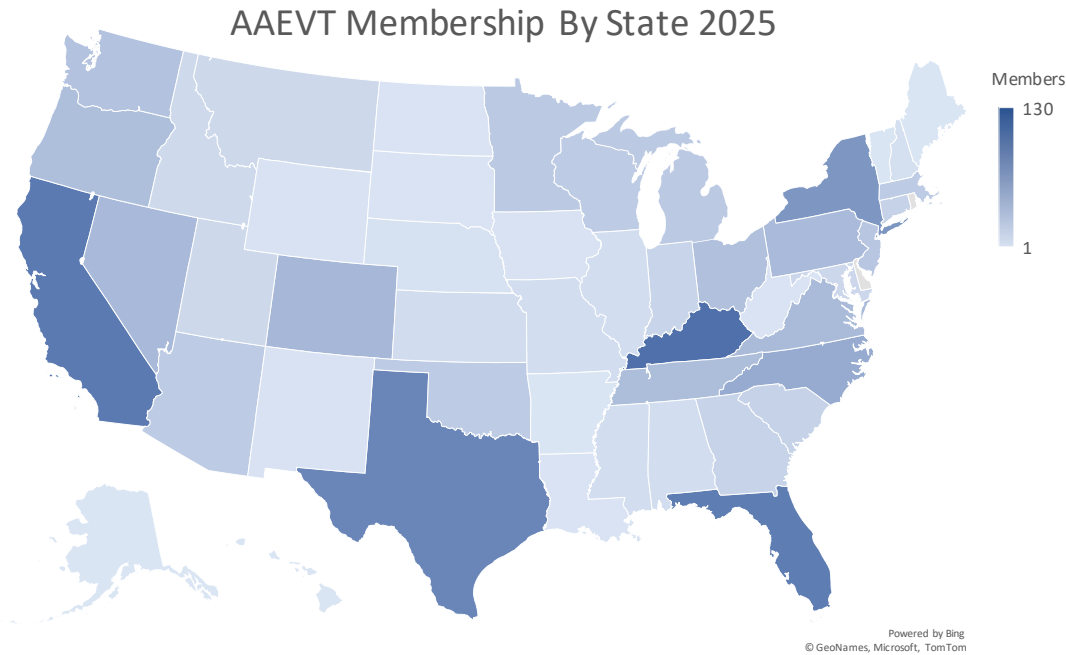
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# Membership Reports:

Location	Count
Canada	130
Kentucky	105
California	96
Florida	94
Texas	85
New York	69
North Carolina	52
Colorado	40
Nevada	38
Pennsylvania	37
Virginia	36
Tennessee	35
Oregon	33
Ohio	31
Washington	30
New Jersey	26
Michigan	24
Minnesota	24
Arizona	22
Wisconsin	22
Massachusetts	22
Oklahoma	22
South Carolina	17
Connecticut	17
Georgia	16
International	16
Indiana	15
Maryland	12
Montana	11
Utah	11
Idaho	10
Kansas	8
Missouri	7
Alabama	7
Mississippi	7
Illinois	7
Not Declared	6
New Hampshire	6
Nebraska	4
Iowa	3
New Mexico	3
Wyoming	3
South Dakota	2
West Virginia	2
Louisiana	2
North Dakota	2
Alaska	1
Arkansas	1
Maine	1
Vermont	1
Hawaii	1



# EHV-1 Risk Evaluation

## Biomarker responses to equine herpes vaccination



Despite the availability of multiple vaccination options, equine herpesvirus continues to be prevalent in equine communities. The clinical forms of EHV-1 vary, ranging from respiratory infection to neonatal infection to even neurological disease. Identifying horses that are at the highest risk of EHV-1 and developing a strategic vaccination plan based on that risk level may help mitigate the disease.

Researchers from Cornell University have developed an assay to identify quantitative host immunity biomarkers in serum or plasma: EHV-1 total immunoglobins (Ig) and IgG4/7.<sup>1</sup> Pre-existing IgG4/7 antibodies have previously been shown to correlate to protection from disease,<sup>2</sup> and through this study researchers found that these biomarkers may be a tool to help evaluate an adult horse’s risk for EHV-1.

Based on serum biomarker levels, horses can be classified into four risk categories: very low risk, low risk, moderate risk or high risk. The interpretation of the biomarker levels can be found below:

The interpretation of these biomarker levels can serve as one of the tools veterinarians may use to evaluate and determine vaccination protocols for EHV-1.

A recent study involved vaccinating 48 adult horses with VETERA® GOLD<sup>XP</sup>, VETERA® 2<sup>XP</sup> or CALVENZA® -O3 EIV/EHV, and evaluating their EHV-1 Ig and EHV-1 IgG4/7 levels at various points in time.<sup>2</sup> All horses enrolled in the study were vaccinated six months prior to study start (Day –180) with the multi-valent vaccine VETERA GOLD<sup>XP</sup>. Following the initial booster, the EHV-1 total Ig and IgG 4/7 biomarkers increased compared to baseline.

This data demonstrates that VETERA GOLD<sup>XP</sup>, VETERA 2<sup>XP</sup> and CALVENZA were able to generate increased levels of EHV-1 total Ig and IgG4/7 antibodies following vaccination. After all time points, the increased EHV-1 total Ig and IgG 4/7 antibodies may have a positive effect on protection against clinical disease, nasal shedding and viremia associated with EHV-1 infection.<sup>3</sup> This data may be strategically used as a tool by veterinarians to aid in development of effective EHV-1 vaccination protocols. The assay can be ordered through Cornell University here.

Learn more about VETERA GOLD<sup>XP</sup>, VETERA 2<sup>XP</sup> and CALVENZA at <https://bi-animalhealth.com/equine/vaccines/>.

Interpretation – risk of infection and likelihood of disease induced by EHV-1	Total Ig	IgG4/7	EHV Vaccination
Very Low Risk	≥12,000 MFI	≥10,000 MFI	Vaccination not needed for 1 year
Low Risk	≥3,000 MFI	≥400 MF	Vaccination not needed, recheck in 3-9 months depending on values
Moderate Risk	<3,000 MFI & ≥400 MFI or ≥3,000 MFI & <400 MFI		Vaccination recommended within the next 2 months
High Risk	<3,000 MFI	<400 MFI	Vaccination need to increase anti-EHV-1 antibodies

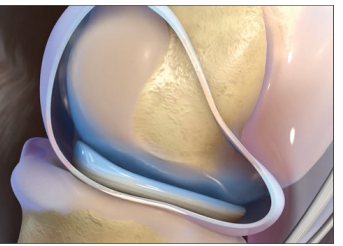
Data courtesy of Animal Health Diagnostic Center, Cornell University College of Veterinary Medicine<sup>1</sup>

### References

- 1 New test predicts horse’s risk of contracting EHV-1 in an outbreak | Cornell University College of Veterinary Medicine.
- 2 EHV-1 Risk Evaluation Technical Bulletin, Boehringer Ingelheim
- 3 Wagner et al., Virology, Vol 531, May 2019, pg 219-232.

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## Improve the Owner's Experience with Meaningful Communication

By Courtney Ziegler MSc RVT cAVN CERP

In the hustle and bustle of a veterinary practice, it's easy to lose sight of the owner's experience. I recently found myself on the other side of the exam with one of my horses at a referral hospital. I experienced gaps in the information provided to me about my horse and noticed inconsistencies in the team's messaging, which ultimately contradicted other instructions they had given me. It was an important reminder of how communication breakdowns, even small ones, can create confusion and undermine an owner's confidence in our care plans. Owners are estimated to fail to comply in 27-71% of cases,<sup>1</sup> which can have various negative consequences, including for patient welfare, a higher likelihood of adverse events, treatment failures, and a loss of trust in the veterinary team. Considering some of the areas where communication directly influences owners may help to mitigate some of these occurrences.

**Build Owner Partnerships:** Owners are more likely to follow care plans when they are involved in discussions and understand the decisions being made.<sup>2</sup> Veterinary technicians and assistants can strengthen this partnership through their interactions with owners, linking clinical recommendations and owner understanding, while helping to ensure that information is practical, positively framed, and connected directly to relevant outcomes for the horse.

**Deliver Clear, Accessible Information:** Owners often forget or misinterpret verbal instructions. Include written handouts, provide care demonstrations, and recommend trusted resources. When the veterinary team directs owners to credible online resources, there is an increase in owner understanding and trust.<sup>3</sup> Use simple, relatable language where possible, as owners often don't understand medical terminology even when they believe that they do.<sup>4</sup>

**Set Expectations and Maintain Engagement:** Misaligned expectations can lead to non-compliance. Clearly explain necessary compliance, what improvement looks like, potential side effects, and the timeline for response. Follow up with the owner to maintain engagement and facilitate course correction if needed. Sometimes, owners may believe an initial treatment failure means no other treatments will help their horse.<sup>5</sup>

**Reinforce and Educate Long-Term Owners:** Longstanding owners may assume that they know the drill. Stay diligent in educating this group, as they may not be aware of protocol changes, medical advancements, etc.

**Empower the Entire Team:** Consistency in messaging across the entire veterinary team enhances trust and compliance. Take the time to ensure that the team is knowledgeable and confident about treatments and procedures performed in the practice. A well-meaning statement that contradicts previous communication can have negative consequences, albeit unintentionally.

1. Verker et. al. 2008. *Companion Anim Prac*. 2. Kanara and Werner. 2012. *AAEP Proc*. 3. Solhjoo et. al. 2018. *Health Info Libr J*. 4. Piazza et. al. 2025. *Vet Rec*. 5. Ireland et. al. 2011. *Equine Vet J*.

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# Let's talk effective communication with horse owners

Three tips inspired by the AVMA's language strategy study.<sup>1</sup>

## TIP 1

### Be transparent

Horse owners often underestimate equine care expenses,<sup>2</sup> so they appreciate when veterinarians clearly communicate how much their veterinary care will be up front. What they don't want is to be surprised by the final bill when it's time to pay.

So, take the time to walk them through the treatment plan you recommend and its associated costs. That way you move forward with their horse's care knowing you're both on the same page.

#### “ Try Saying —————

*Based on my findings from the initial exam, these are my recommendations for treatment. Let me walk you through what that entails and the associated costs.*

”

This showcases your thoughtful approach to care and leaves the door open for further conversations about cost.



## TIP 2

### Be a trusted partner

Show clients, through your words and actions, that you are a partner in their horse's health. Let them know you care about their opinions and have empathy for their unique situations. Many horse owners feel stress about horse expenditures,<sup>2</sup> so if they bring up an issue with cost, approach the discussion as a team and try to find a treatment solution that works for everyone.

#### “ Try Saying —————

*My recommendation starts with what I believe is the ideal treatment plan for your horse. I can also share a range of other options if you have concerns about cost. Together we can make an informed decision that works for both you and your horse.*

”

Emphasizing the partnership between you and your client shows you support them in whatever choice they make. It also lets them know they're not alone in making decisions about their horse's health.





## TIP 3

### Share a friendly way to pay

It's important for clients to know they have an option to help them get their horse's veterinary care when they need it. After all, 90% of horse owners will keep their horse for a lifetime.<sup>2</sup>

When you offer a financing solution like the CareCredit health and animal care credit card, you help prepare horse owners for lifelong veterinary care.

#### “ Try Saying —————

*There are payment options that can help you finance your horse's veterinary care. The CareCredit health and animal care credit card allows you to pay over time for equine expenses, helping you fit care into your monthly budget.*

”

Proactively bringing up a financing option can help horse owners be better prepared for future expenses. They can feel at ease knowing there's a flexible way to pay for veterinary care.



### When you offer flexible financing, clients hear “I care about you and your horse.”

Engage with horse owners about veterinary costs to show them you care about their horse's health as well as their budget. Listening to their concerns is just as important as talking about solutions. Foster better communication by being attentive to their unique situation. This helps them trust you, as their veterinarian, on their journey to lifelong horse care.

A payment option you can feel confident talking to horse owners about is the CareCredit health and animal care credit card. It can be used to help your clients manage costs so their horse can get the care they need.



### Not yet enrolled? Get started for free.

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<sup>1</sup>The Cost of Veterinary Care: Language Strategy, American Veterinary Medical Association, September 2022. We have adapted the findings of this companion animal study for relevance to equine practitioners.

<sup>2</sup>CareCredit Equine Lifetime of Care Study, 2023. CareCredit is a Synchrony solution.

# Spring Signals a Rise in Equine Influenza

## Expert tips for preventing spring respiratory disease outbreaks



As winter transitions to spring, horse owners and barn managers should be on alert for equine influenza (EIV), a highly contagious respiratory disease that has historically surged during this time of year (see figure 1). Recent biosurveillance data underscores this seasonal pattern, reinforcing the need for proactive disease prevention and biosecurity measures.

The latest annual analysis (January–December 2024) from the Equine Biosurveillance Program, an ongoing national surveillance study managed by Merck Animal Health in partnership with the University of California, Davis, Equine Infectious Disease Research Laboratory, reveals that equine influenza remains one of the most frequently diagnosed respiratory diseases, alongside equine herpesvirus type 4 (EHV-4) and *Streptococcus equi* subspecies *equi* (strangles).<sup>1</sup> This trend aligns with the program's cumulative findings spanning 17 years, which show that EIV consistently ranks among the “big three” respiratory pathogens affecting horses (see figure 2).

“Every year, we see an uptick in equine influenza cases as horses begin traveling for competitions and training in the spring,” explains Duane E. Chappell, DVM, Merck Animal Health. “The virus spreads rapidly through direct horse-to-horse contact, shared equipment, and even human handlers who inadvertently carry the virus between horses.”

### Who is most at risk?

Analysis of recent equine flu cases confirms that horses traveling for events and competitions are at increased risk. According to the latest Biosurveillance Program update, 58% of horses diagnosed with EIV had a recent history of travel.<sup>1</sup> Show horses were the most commonly affected group, accounting for 42% of reported cases.

“Young horses, those under stress from travel, and those in high-density environments like showgrounds are particularly vulnerable to equine influenza,” says Dr. Chappell. “Vaccination remains the best line of defense against severe illness.”

Symptoms of equine flu can appear suddenly and may include:

- Fever (often exceeding 102°F)
- Harsh, dry cough
- Nasal discharge
- Lethargy
- Loss of appetite

If you suspect equine flu, immediate isolation of the horse is crucial. “It’s essential to separate symptomatic horses from the rest of the herd and implement strict biosecurity protocols,” advises Dr. Chappell. “Many upper respiratory diseases can present with similar clinical signs, so owners should contact their veterinarian for diagnostic testing and supportive care recommendations.”

### How to prevent spring outbreaks

Given the seasonal rise in cases, veterinarians urge horse owners to take proactive steps to protect their animals. Key prevention measures include:

- **Vaccination:** Ensure horses are up to date on their influenza vaccinations, particularly those that travel frequently. Consider extending vaccination to resident horses who may encounter horses that come and go, including senior horses who may experience declining immune response.
- **Biosecurity:** Limit direct contact with unfamiliar horses and avoid sharing tack, water buckets or grooming tools.
- **Monitoring and quarantine:** New arrivals or horses returning from events should be monitored for at least two weeks before full herd integration. Daily temperature checks during travel can help identify early signs of infectious disease.
- **Hygiene practices:** Handlers should wash hands (or use hand sanitizer) and disinfect equipment regularly.

“Influenza is a serious yet preventable disease,” emphasizes Dr. Chappell. “By staying vigilant with vaccination and biosecurity, owners can significantly reduce the risk of outbreaks and keep their horses healthy this season.”

Horse owners are urged to talk to their veterinarian about individualized vaccination recommendations. Get more equine flu facts, and learn more about the Equine Respiratory Biosurveillance Program and regional disease threats with the new [equine disease outbreak map](#).

Figure 1

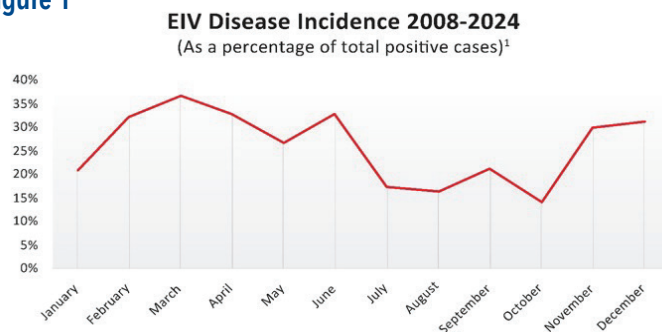
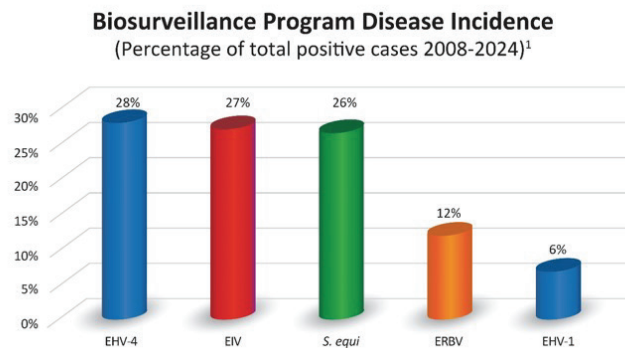


Figure 2



# Equine Influenza Quick Facts

Equine influenza virus (EIV) – or equine flu – is one of the most common and contagious infectious upper respiratory diseases in the horse. It spreads rapidly with clinical signs appearing within 24 to 72 hours following exposure. A coughing horse can propel equine influenza virus more than 50 yards and shed virus for 7 to 10 days following infection.

## THE VIRUS CAN SURVIVE

**72**  
Hours on **wet** surfaces

**48**  
Hours on **dry** surfaces

## INDIRECT TRANSMISSION

Indirect transmission can occur via hands, clothing, vehicles and trailers, stalls, and common use articles such as brushes, buckets and bits



HANDS TRAILERS STALLS BUCKETS



## RECOVERY TIME

Equine flu requires significant recovery time

- at least three weeks, and up to six months, depending on severity

**3 WEEKS to 6 MONTHS**

## WATCH FOR

## These Signs

- ▲ Fever (102.5° to 106.5° F)
- ▲ Frequent dry cough
- ▲ Nasal discharge
- ▲ Lethargy
- ▲ Anorexia
- ▲ Possible secondary bacterial pneumonia



## GET TO KNOW

## The Terminology

### CLADE

A group of organisms with a common ancestor

- In the case of equine influenza, clade is used to describe recently isolated viruses (or strains) of equine influenza that belong to the same family
  - Current equine flu strains belong to either the Florida clade 1 or clade 2 families
  - **Clade 1** primarily circulates in the United States
  - **Clade 2** predominantly circulates in Europe (important for horses traveling internationally)

### STRAIN

Strains are identified by place and date of first isolation (e.g., Florida '13). Additional or more current strains may be added to a vaccine to provide additional or enhanced protection.

**H3N8 (A2):** The subtype of equine influenza A virus (first identified in Florida in 1963) circulating in horses today

### ANTIGENIC DRIFT

Mutations in the equine influenza virus that lead to new strains. The primary reason equine flu vaccines are periodically updated.



## IMPORTANCE OF

## Updated Flu Strains

Similar to human flu vaccines, equine flu vaccines must be updated to protect against the strains currently threatening horses.

Continued changes in circulating strains of equine flu in the U.S. has resulted in numerous reports of influenza outbreaks over the past several years, even in well-vaccinated horses.

**Only Prestige® vaccines feature the most current equine influenza protection available, including: Florida '13 Clade 1 & Richmond '07 Clade 2, in addition to KY '02.**



**Vaccination + Biosecurity is Best!**

## VACCINATION IS THE #1 WAY TO

## Protect Your Horse

- Equine flu season typically peaks from December to April, but can occur any time of year
- Horses at greatest risk should be revaccinated at 6-month intervals<sup>1</sup>
- Horses that travel and are in frequent contact with large numbers of horses
- Horses at home exposed to traveling horses
- Horses with compromised or immature immune systems

<sup>1</sup> AAEP Risk-Based Vaccination Guidelines (www.aaep.org)

## ADDITIONAL INFORMATION

[www.equinediseasecc.org/disease-information](http://www.equinediseasecc.org/disease-information)  
[www.aaep.org/guidelines](http://www.aaep.org/guidelines)  
[www.aphis.usda.gov](http://www.aphis.usda.gov)

Talk to your veterinarian today to ensure your horse is receiving current influenza protection. For more information, visit [www.merck-animal-health-equine.com](http://www.merck-animal-health-equine.com).



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## Research Insights: Optimizing Foal Health and Development

Jacquelin Boggs, DVM, MS, DACVIM, Equine Technical Services Veterinarian, Zoetis

**Body Copy:** Something I look forward to every year is foaling season—it’s an exciting time for both veterinarians and horse owners as the long-anticipated gestation period comes to an end and we finally get to meet the foals. As they take those first wobbly steps, we want to ensure newborns are set up for success. In this article we’ll review some key topics and research to help you and your horse owners, especially in the critical first 6 months of foals’ lives. Certainly, there are few things in life more heartwarming than watching a healthy mare bond with her newborn foal.

The rapid pace of scientific advancements designed to improve the health and well-being of horses at all stages of life is inspiring and it’s a lot to keep up with. If you’re like most veterinary professionals, all those journals, annual proceedings and good intentions can pile up at the office while your team is busy working.

**That’s why I’ve pulled together highlights from several key research topics related to foal care during the first 6 months of life.** The four topics I chose caught my attention because they ultimately provide practical tools that you can incorporate into your practice today and that may also help you (and your clients) sleep better at night. Here’s what we’ll cover:

1. How to perform the Madigan Squeeze
2. The American Association of Equine Practitioners’ (AAEP) revised internal parasite control guidelines
3. Field ultrasound of umbilical remnants
4. Use of Serum Amyloid A (SAA) testing in newborn foals



### Did you know?

Before we dive into the research, did you know that Zoetis has an entire website dedicated to mare and foal care? Visit [zoetismareandfoal.com](https://zoetismareandfoal.com) for downloadable resources and information to share with your clients.

Alright, let’s explore a few research highlights and practical applications.

## 1. What's all the buzz about squeezing foals?

The Madigan Squeeze technique, developed by John Madigan at the University of California, Davis, is an approach developed to treat foals that haven't met the normal developmental milestones and haven't nursed within 3 hours. This simple procedure is now being used worldwide to treat maladjusted foals.

The Madigan Squeeze was designed to mimic normal birth canal pressures, which are believed to [signal the critical transition](#) to wakefulness.<sup>1</sup> Twenty minutes is about the time a foal spends in second-stage labor. **The squeeze approach can be readily performed in the field, and it's most effective in foals less than 3 days old.** The great news is that [this treatment](#) takes only about **20 minutes** to perform and has been found to be both safe and very effective.<sup>2</sup>

## 2. Hot off the press: revised AAEP parasite control guidelines

The [AAEP Internal Parasite Control Guidelines](#) were updated in May 2024.<sup>3</sup> The current version provides additional details about developing anthelmintic resistance problems. In summary, there are no significant changes to recommendations for addressing ascarids, the most important parasite of concern in foals less than one year of age. Prior to 6 months of age foals should be treated twice for ascarids.<sup>3</sup>

- The first deworming should be carried out at 2 months of age with products from the benzimidazole drug class—a dewormer like [Anthelcide® EQ Paste](#) (oxibendazole) can be used for the treatment of ascarids
- A second deworming is recommended between 4 to 6 months of age with a dewormer like [Strongid® Paste](#) (pyrantel pamoate) for the treatment of ascarids

**Target the right parasites at the right time:** [Click here for a downloadable foal deworming PDF](#) (also shown below) to share with horse owners and breeders. I also recommend checking out this [interactive online quiz](#) to help clients learn more about optimal deworming product options for horses of all age groups.

# Foals

ANTHELCEIDE<sup>®</sup> EQ  
(oxibendazole)

STRONGID<sup>®</sup>  
(pyrantel pamoate) PASTE

QUEST<sup>®</sup>  
(moxidectin)

QUESTPLUS<sup>®</sup>  
(moxidectin/praziquantel)

BABIES NEED SPECIAL DEWORMING CARE

A TARGETED APPROACH FOR CONTROLLING PARASITES DEPENDS ON WHEN YOUR FOAL WAS BORN

## EARLY FOALS BORN MARCH OR EARLIER

AGE	2 MONTHS	4-6 MONTHS (Prior to weaning)	7-9 MONTHS (Approx. 1 month post-weaning)	9 MONTHS	12 MONTHS
TARGET PARASITES	ROUNDWORMS (ascarids)	ROUNDWORMS (ascarids)	STRONGYLES <sup>®</sup>  ROUNDWORMS <sup>***</sup> (ascarids)	STRONGYLES & TAPEWORMS	STRONGYLES
DEWORMER	ANTHELCEIDE <sup>®</sup> EQ Paste	STRONGID <sup>®</sup> Paste	QUEST <sup>®</sup> Gel (Praziquantel 1 month of age) ANTHELCEIDE <sup>®</sup> EQ <sup>†</sup>	QUEST <sup>®</sup> PLUS Gel	QUEST <sup>®</sup> Gel or STRONGID <sup>®</sup> Paste <sup>***</sup>

## LATE FOALS BORN AFTER MARCH

AGE	2 MONTHS	4-6 MONTHS (Prior to weaning)	7-9 MONTHS (Approx. 1 month post-weaning)	9 MONTHS	12 MONTHS
TARGET PARASITES	ROUNDWORMS (ascarids)	ROUNDWORMS (ascarids)	STRONGYLES & TAPEWORMS  ROUNDWORMS <sup>***</sup> (ascarids)	STRONGYLES	STRONGYLES
DEWORMER	ANTHELCEIDE <sup>®</sup> EQ Paste	STRONGID <sup>®</sup> Paste	QUEST <sup>®</sup> PLUS Gel (Praziquantel 1 month of age) ANTHELCEIDE <sup>®</sup> EQ <sup>†</sup>	QUEST <sup>®</sup> Gel or STRONGID <sup>®</sup> Paste <sup>***</sup>	QUEST <sup>®</sup> Gel or ANTHELCEIDE <sup>®</sup> EQ Paste <sup>***</sup>

<sup>†</sup>At weaning, ask your veterinarian to conduct a fecal egg count (FEC) test to determine if a final roundworm treatment is needed between 6-9 months of age.

<sup>\*\*\*</sup>Not verified and effective against small strongyles through fecal egg count reduction test (FECRT).

Do not use QUEST<sup>®</sup> Gel or QUEST PLUS Gel in foals less than 6 months of age or in sick, debilitated and underweight horses. Do not use in other animal species, as severe adverse reactions, including fatalities in dogs, may result. Consult your veterinarian for assistance in the diagnosis, treatment, and control of parasitism.

<sup>\*\*\*\*</sup>Available Association of Equine Practitioners, Parasite Control Guidelines. <https://aaep.org/publications/parasite-control-guidelines>. Accessed January 23, 2024.

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**Emphasize the importance of fecal egg count (FEC) tests and fecal egg count reduction tests (FECRTs) with clients:** The value of FECs and FECRTs for optimizing your individual herd and barn parasite control programs is underscored in the AAEP's revised guidelines. Several traditional FEC techniques exist, but they vary in precision and accuracy.

Learn more via the [guidelines](#) when it comes to a new method for interpreting FECRT results, developed and published by the World Association for the Advancement of Veterinary Parasitology in 2023.

Zoetis' [Vetscan Imagyst®](#) system uses equine-specific artificial intelligence (AI) to identify, differentiate and quantify fecal parasite ova in 10 minutes. In addition, Zoetis provides consultations with a clinical parasitologist at no additional charge when requested. This AI approach advances the FEC process by delivering accurate, consistent and shareable results while freeing up staff time to perform other tasks.<sup>4</sup>

### 3. Field ultrasound of umbilical remnants

Thinking back to your embryology and anatomy notes, recall that the normal internal umbilical remnants include the paired umbilical arteries (extending caudally on either side of the bladder), a single umbilical vein (extending cranially toward the liver) and the urachus (connecting to the bladder), and any one of these structures can become problematic in a hurry.

Thankfully, portable ultrasound machines provide practitioners with a useful tool for in-the-field evaluation of all three structures. If you're not already performing foal abdominal ultrasounds with sick foals, Dr. William Gilseman provides useful and practical tips on how to get started in the [2021 AAEP Proceedings](#).<sup>5</sup> A linear or microconvex ultrasound probe are both suitable for performing a diagnostic scan.

### 4. SAA and newborn foals

If you're not already **incorporating SAA evaluations** into your newborn foal examinations **in addition to evaluating immunoglobulin G (IgG)**, I highly recommend it. These two diagnostics can easily be performed stall-side during your newborn foal exams. Each only requires a small amount of blood that can be taken from the same syringe and provides very different information.

- IgG is a measure of maternal antibody transfer in the foal's blood that has been absorbed from the mare's colostrum, which is all foals have to fight infection until they start producing their own antibodies at 3 to 4 months. IgG does not correlate with the protection or health of the foal.
- The [Stablelab® EQ-1 Handheld Reader](#) measures SAA, a biomarker that indicates possible systemic infection and does correlate with health. If SAA is elevated, diagnosis and treatment are critical to get on top of it quickly. In foals, the normal value is <100 mg/dl. Anything greater suggests infection and would signal you to hunt for an inciting cause and start treatment. Additionally, [SAA is 30 times more sensitive](#) than body temperature, suggesting you can detect abnormalities sooner, which is especially important in this critical window of the newborn foal's life.<sup>6</sup>
- For a quick reference for your practice or truck, here's our recommended [SAA newborn foal screening protocol](#)

### SAA and plasma administration



- Interpretation of SAA concentrations in foals receiving plasma transfusions can be challenging. However, while SAA concentration may naturally increase slightly in a normal foal from birth to 24 hours, infection becomes more likely when SAA concentration is above 75 to 100 ug/mL.
- The concentration of SAA in plasma may vary greatly, from 0 to in the thousands based on when hyperimmunized donors were last vaccinated prior to plasma collection<sup>7</sup>
- It makes sense, then, that SAA present in transfused plasma will be identified, along with any SAA the foal might be producing as the normal neonatal baseline of <100 ug/mL or due to an infectious stimulus
- With no additional infectious stimulus, a healthy foal's SAA concentration should decrease to a normal baseline of less than 100 ug/mL within days of receiving a plasma transfusion. It's critical to always consider the clinical status of a neonate when interpreting an SAA concentration. If the test result and/or clinical status seem troubling, run another test in 12 to 24 hours to identify how the SAA is trending.

### So how do we use this information in practice?

- Newborn foal exam: Run IgG and Stablelab SAA at 12 to 24 hours of age
- If IgG is low and plasma is indicated, transfuse per normal routine
- After transfusion but before the IV catheter is removed, take a small blood sample and run another SAA test to establish the foal's new baseline SAA concentration

### Concluding thoughts

As your clients' foals head into the stretch leading up to their first birthdays and [yearling years](#), you've already helped establish a strong foundation of care. I hope these research insights provide you with useful information for your team to share with horse owners and breeders to guide them toward sound foal care practices in those important first months. Check out these resources below.

### Important Safety Information

Consult your veterinarian for assistance in the diagnosis, treatment and control of parasitism.

Do not use Quest® Gel or Quest® Plus Gel in foals less than 6 months of age or in sick, debilitated and underweight horses. Do not use in other animal species, as severe adverse reactions, including fatalities in dogs, may result.

### References

1. Young A. Neonatal maladjustment syndrome in foals. <https://ceh.vetmed.ucdavis.edu/health-topics/neonatal-maladjustment-syndrome-foals>. Accessed April 17, 2024.
2. Madigan JE. Foal squeezing with 'Madigan squeeze.' *Man Equine Neonatal Med.* <https://www.equineneonatalmanual.com/foalsqueezing>. Accessed April 17, 2024.
3. American Association of Equine Practitioners. AAEP internal parasite control guidelines. <https://aaep.org/resource/internal-parasite-control-guidelines>. Accessed June 27, 2024.
4. Zoetis Inc. Data on file. Study report no. DHX6Z-US-22-131.
5. Gilsenan WF. How to evaluate the foal abdomen and thorax ultrasonographically in the field. *Proceedings of the 67th Annual Convention of the American Association of Equine Practitioners.*

2021;1 [https://aaep.org/sites/default/files/202112/Proceedings\\_67th\\_Annual\\_Convention\\_2021.pdf](https://aaep.org/sites/default/files/202112/Proceedings_67th_Annual_Convention_2021.pdf).

6. Oertly M, Gerber V, Anhold H, et al. The accuracy of serum amyloid A in determining early inflammation in horses following long-distance transportation by air. AAEP Proceedings. 2017;460-461.
7. Laszlo H, Chigerwe M, Sundman E. A prospective study of serum amyloid A in relation to plasma administration in neonatal foals. Research in Veterinary Science. 2022;151-96-99. [doi:10.1016/j.rvsc.2022.06.028](https://doi.org/10.1016/j.rvsc.2022.06.028).

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