

be in good health and be at least two weeks old before its dam is vaccinated.

There is a very low, but not a zero, risk that suckling foals from serologically negative mares may be exposed to the vaccine virus if the mare is vaccinated against EVA for the first time in the immediate post-partum period.

Re-Vaccination

A mare that is to be bred to an EAV-shedding stallion should receive an annual booster vaccination against EVA twenty-one days prior to being used for breeding purposes unless previously vaccinated against EVA and bred with EAV-infective semen. A 21-day period of isolation is not necessary following re-vaccination.

Antibody Positive (titer of 1:4 or greater) – All Mares

Mares that test serologically positive for antibodies to EAV can be bred to a shedding stallion without the need for prior vaccination against EVA. Antibody positive mares that are bred to a shedding stallion by natural cover should be kept physically separated from **all but** other known seropositive horses for 24 hours to avoid possible mechanical transmission of virus from voided semen. Any vehicle used to transport such mares immediately following breeding to a shedding stallion should be thoroughly cleaned and disinfected prior to transport of susceptible horses.

Nurse Mares

Nurse mares should be vaccinated against EVA on an annual basis.

Revised by AAEP board of directors in 2010.

Breeding Terminology (2010)

In providing written reports to interested parties, the AAEP encourages all equine practitioners to use the following terms when conducting reproductive examinations:

Pregnant: Any filly or mare shall be characterized as "pregnant" if and only if a licensed veterinarian has made such a determination. Any such report should include the method of diagnosis (i.e. palpation per rectum, transrectal ultrasound, etc.) and the approximate length of gestation. A statement regarding whether or not the examining veterinarian has determined that the pregnancy appears normal for the gestational age should also be included. Knowledge of any adjunct method(s) used to aid in the maintenance of said pregnancy should be disclosed.

Aborted: Any filly or mare that is not pregnant at the time of examination by a licensed veterinarian should be reported as "aborted" rather than "not pregnant" if the person rendering the report is actually aware that (a) an aborted fetus was observed or (b) the mare had been previously declared "pregnant" based on an examination by a licensed veterinarian at 42 days or more post mating.

Not Pregnant: Any filly or mare that has been examined for pregnancy by a licensed veterinarian, and found not to be pregnant at the time of that examination shall be characterized as "not pregnant" unless there is evidence that the filly or mare has "aborted" as defined above. Any such report shall include the method of determination.

Suitable for Mating: Any filly or mare that is not pregnant shall be characterized as "suitable for mating" if examination by a licensed veterinarian does not reveal any obvious abnormalities that would impair the animal's ability to have a reasonable

chance of becoming pregnant and carrying a foal to term. The examination of the reproductive tract (ovaries, uterus, cervix, vagina, vestibule and perineum) should include palpation per rectum and where practical, transrectal ultrasonography as well as visual and manual examination of the vagina and cervix. While other tests and criteria can be used to further evaluate the animal's potential fertility, employment of such techniques shall be at the discretion of the examiner or their client. A filly or mare may be characterized as "suitable for mating" based on only one examination even though additional examinations may enhance the likelihood of discovering reproductive abnormalities.

Mating: The physical act of a stallion mounting a filly or mare with intromission of the penis. Artificial insemination qualifies as mating for breeds that permit artificial insemination.

Mated: Any filly or mare that has undergone the physical act of mating but whose pregnancy status has not been determined.

Stillborn: Any foal, after at least 320 days of gestation, that is dead at the time of delivery.

Neonatal Death: Any foal that dies within 14 days of foaling from a medical condition determined to be existing at or dating from birth.

Foal Died: Any foal that stands and nurses unassisted and subsequently dies from a condition not determined to be existing at or dating from birth.

Revised by AAEP board of directors in 2010.

Sales Issues

Position on Medication in Horses Presented for Sale at Public Auction (2005)

The following recommendations were developed by the American Association of Equine Practitioners' (AAEP) Task Force on Medication Issues at Public Auction. The charge to the Task Force was to study and address the issues surrounding medication in the public sales horse.

The goals set by the Task Force were:

1. To protect the health and welfare of the horse.
2. To facilitate the presentation of a healthy, well-cared-for animal for public auction.
3. To facilitate a fair and uncomplicated evaluation of the potential sales animal for the mutual benefit of the purchaser and consignor.

To conceptually evaluate the interaction of medication used in the sales horse, its health care and public auction implications, the committee evaluated the peri-sales timeframe in three time periods and assessed the effect of medication as a part of the horse's health care in each time period.

Time Period I: Pre-sale. This is the time prior to presentation at the sales ground. The principal stakeholder in this time period is the owner and/or consignor of the horse to public auction. They should be allowed to care for the horse in the best possible manner to maximize their return at public auction, but should do so without deceiving the potential purchaser about the true status of the horse.

Time Period II: The Sales Period. This is the time that the horse is on the sales ground at the auction site. The stakeholders in this



time period become expanded. The owner and consignor have a continued stake in the horse, but also the auction company, potential buyers and agents for potential buyers become stakeholders. Medication issues must be evaluated to take into consideration all parties and the horse.

Time Period III: The Post-sales Period. The purchaser is the stakeholder. It is the purview of the purchaser to ensure that they have bought a fairly represented sales horse, but it is not under the purview of the purchaser to return the horse for anything other than a definitive violation of the principles outlined.

Medication Recommendations

As a general recommendation for medication of sales horses, it would be desirable to have no medication given within 24 hours of the start of the sales session, except in such situations as noted. Certain medications will facilitate a fair and safe sale for both parties' benefit. These medications would be allowable at therapeutic doses.

The common medications given to horses intended for sales have been divided into categories. The categories are listed as generic classes of medication, and medication actions, to prevent the need for continually updating an exhaustive list of specific compounds.

Category 1: Allowable at Therapeutic Levels. The horse can be given these medications on the sales grounds, but the medication should not be present at more than the maximum therapeutic levels, as would be recommended by the manufacturer's dosing recommendations.

Allowable at therapeutic levels:

- One non-steroidal anti-inflammatory drug, with no detectable level of a second non-steroidal anti-inflammatory drug. The primary non-steroidal anti-inflammatory drug must be present at less than the maximum expected level when given at manufactures' recommended dosage.
- One cortico-steroid, excluding methyl-prednisolone acetate (Depo-medrol), which must not be present at any detectable level. Any other cortico-steroid would be allowable, however they must be present at less than the maximum therapeutic level recommended by the manufacturer's dosing regimens, and no detectable level of a second cortico-steroid is allowed to be present.
- Medications labeled for ongoing therapy of gastric ulcers
- Tranquilizers
- Oral anti-arthritis medications, such as proteoglycan supplements (Steroidal and non-steroidal medications would be governed by the recommendations above.)
- Progestins

Category 2: Not Allowable on the Sales Ground. These would be medications whose use can be therapeutic, and which could be part of the normal health care of a horse presented for sale. These medications would be allowable at trace levels, but would not be allowable above the level to be expected from administration of the lowest therapeutic dose, as described by the manufacturer in the dosing recommendations, when this lowest therapeutic dose was given prior to the horse arriving at the sales ground.

Not allowable on the sales ground:

- Treatments commonly recognized as therapeutic for equine protozoal myelitis
- Bronchodilators, such as clenbuterol
- Vaso-active drugs, such as aspirin, isoxsuprine or pentoxifylline
- Parenteral anti-arthritis such as injectable proteoglycan supplements (These would not include non-steroidal anti-inflammatory and cortico-steroid anti-arthritis as they would be governed by the guidelines outlined above when given by any method oral or parenteral.)

Category 3: No Detectable Level. These medications may be therapeutic for normal health care, but should have cleared the horse's system and should have no detectable level at the time of sale.

No detectable levels:

- Stimulants
- Muscle relaxants
- Diuretics
- Anabolic steroids

Category 4: Allowable at Therapeutic Levels, but Must Be Declared in the Repository or Announced by the Auctioneer. These medications would be allowable if given as part of the horse's normal health care, but may affect the purchaser's decision as to the suitability of the horse, and therefore must be declared for assessment by the purchaser.

Allowable if declared:

- Cyproheptadine
- Pergolide
- Antibiotics

Enforcement

Neither the Task Force nor the AAEP has power of enforcement. The principal enforcer must be the sales company, and the principal action should be the rescinding of the sale and return of the horse to the consignor. It is the desire of the AAEP Task Force to discourage legal action by any parties. It is hoped that the sales companies will make a concerted effort to be the power of dispute resolution for the fair and equitable protection of the purchaser and the seller. This may be done through a panel of experienced veterinarians or some other means outlined by the sales company. But, the sales company must take an active role in promoting the fair and equitable transaction, as indicated by their taking of a commission for facilitating the sale of the horse.

The ultimate goal of the task force, and their recommendations presented in this document, would be to serve as a deterrent. It would be ideal to establish what is acceptable, and what is not acceptable, for presentation of a horse at public auction and to have all consignors abide by those "best practices" in "good faith." And, to have any disputes resolved without litigation.

The Task Force fully recognizes that not all of the recommendations are fully enforceable, because not all medications are capable of being examined for via forensic testing. We present these guidelines as a best practice for the mutual establishment of a fair value of horses at public auction. Forensic testing will continue to progress with time.

For the situations where medications are to be assessed via testing, the **sampling** of the horse's blood and/or urine must take place on the sales ground, by or under the direction of a licensed veterinarian. The sampling would preferably take place at the consignor's barn, after the sale, with an agent of the consignor as a witness. The blood and/or urine sample must be submitted for testing within 5 working days of the start of the session in which the horse was purchased. The cost of testing would be the responsibility of the purchaser. It must be done at a recognized testing laboratory and the laboratory must maintain a split sample, available for confirmation testing should any discussion of the results result in a dispute. The consignor and sales company should be notified within 24 hours of the delivery of the laboratory report to the purchaser if a question is to be raised about the medication of the tested horse.

In sales where horses must sell after a timed performance, such as a "two-year-old in training" sale, such performances are normally governed by the rules of racing in the state of the sale. Those regulations supersede the recommendations outlined here. Likewise, in these sales where performance is part of the sales process, post-exercise medications are sometimes allowed after exercise, if disclosed on the treatment sheets on file with the sales company, and accessible to the purchaser or the purchaser's agent. The recommendations outlined here would also be superseded by these regulations.

It is the recommendation of the AAEP Task Force on Medication Issues at Public Auction that the guidelines outlined be recommended for common sales venues. These recommendations will be superseded by specific sales conditions and can be modified as needed for specific sale sites and situations. It is hoped that the sales company will take active roles in facilitating the use of these recommendations and that they will be edited and maintained in an ongoing fashion as required by changes in therapeutic medications and dosing schedules. The primary objective is to establish "best practices" to serve as guidelines for the presentation of horses at public auction for fair and equitable establishment of the horse's value, and to deter the use of medication that may cloud the horse's true status.

Reviewed by AAEP board of directors in 2010.

Cryptorchid – Definition (1998)

The AAEP has adopted the following definition of retained testicle or cryptorchid.

Cryptorchid: Any animal that does not have two testes palpable in their entirety below the external inguinal rings. In the event of a dispute, the matter should be referred to a panel of veterinary arbitrators.

Reviewed by AAEP board of directors in 2010.

Dental Malocclusions (2009)

Madibular brachygnathism ("parrot mouth" or MAL2) is the condition in which the upper incisors protrude more rostrally than the lower incisors resulting in no occlusal contact between upper and lower central incisor teeth. Mandibular prognathism ("sow

mouth," "monkey mouth" or MAL3) is the condition in which the lower incisors protrude more rostrally than the upper incisors resulting in no occlusal contact between upper and lower central incisor teeth. The AAEP (and many breed organizations) consider these conditions undesirable traits.

Reviewed by AAEP board of directors in 2010.

Recommended Guidelines for Post-Sale Examination of Horses Intended for Racing (1991)

(Guidelines pertain only to the Upper Respiratory Tract)

These guidelines are for post-sale examination and the reporting of upper respiratory endoscopy evaluations. For the purpose of this examination, "upper respiratory endoscopy" does not include the trachea.

1. Endoscopy of subject horse will be done at rest in the stall.
2. Restrain with a twitch or lip chain; if restraint is removed during the examination, make notation on certificate and document any differences in function observed.
3. Pass the endoscope up either nostril.
4. Stimulate a swallowing reflex and/or perform nasal occlusion to assist in evaluation of pharyngeal and laryngeal function.
5. Observe for anatomical form and function of upper respiratory structures.
6. If a chemical restraint is needed, document the drug and dosage. Re-examination of the horse is suggested if chemical restraint has been used or is suspected.
7. Document endoscopic observations and other pertinent findings on an appropriate certificate or suitable reporting form.

Conditions which should be considered unacceptable and should constitute grounds for rejection on the day of examination include, but are not limited to:

1. Laryngeal hemiplegia.
2. Laryngeal hemiparesis with incomplete abductor function.
3. Epiglottic entrapment.
4. Persistent DDSP.
5. Arytenoid chondritis.
6. Subepiglottic cyst.
7. Soft palate cyst.
8. Rostral displacement of the palatopharyngeal arch.
9. Nasopharyngeal cicatrix.
10. Space occupying lesions or malformation which compromise the diameter of upper respiratory tract.
11. Cleft palate.

In the event of a dispute between the buyer's veterinarian and the consignor's veterinarian, the AAEP recommends that three veterinarians without conflicts of interest be drawn from an arbitration panel to adjudicate such dispute. The arbitration panel should consist of a pool of eight or more veterinarians and could be established in specific geographic areas by local equine practitioner organizations or equine sales companies. Criteria for selection would be based upon experience and expertise. The three veterinarians mutually selected by the buyer and consignor would have no knowledge of either the horse, buyer, or consignor.



Another acceptable method is to have five veterinarians selected from the pool; three examiners would then be picked from these five by a blind draw. They will examine the horse together and collectively determine the acceptance or rejection of the subject horse. Concurrence by two of the three examiners will be conclusive in such cases. Some conditions are generally considered an acceptable variation of normal, but at times may be viewed to affect the ability of the horse to perform its intended use.

Conditions that may elicit concern regarding suitability for racing include the interpretation of:

1. Intermittent DDSP.
2. Hypoplastic epiglottis.
3. Laryngeal hemiparesis with complete (full) abductor function.
4. Variations of epiglottic contour.
5. Pharyngeal lymphoid hyperplasia.
6. Mucopurulent discharge from guttural pouch.
7. Nasal septum deviation.

Detailed diagrams and descriptive terms of the pathology noted should be a part of the examining veterinarian's records only. The certificate issued by individuals or the arbitration team to the sales companies or owners should be a generalized statement of the condition without implied warranty for future athletic potential of the subject horse at the time of the examination and should be prefaced by the phrase "In my opinion."

Other recommendations from the AAEP include:

1. That sales companies obtain a consent form signed by both consignors and buyers to agree to the consent of an arbitration panel and their binding conclusion thereof.
2. That sales companies attempt to institute a uniform agreement among consignors regarding pre-sale examinations on the sales grounds. It was the consensus of the subcommittee that either pre-sale examinations be uniformly allowed or disallowed, so as to establish conformity for consignors and buyers without allowing a selective advantage in the sales process to selected individuals.

Reviewed by AAEP board of directors in 2010.

Guidelines for Reporting Purchase Examinations (2009)

The American Association of Equine Practitioners has approved the following guidelines for reporting equine purchase examinations. The spirit of these guidelines is to provide a framework which will aid the veterinarian in reporting a purchase exam, and to define that it is the buyer's responsibility to determine if the horse is suitable. These guidelines are neither designed for nor intended to cover any examinations other than purchase examinations. (e.g. limited examinations at auction sales and other special purchase examinations, such as lameness, endoscopic, ophthalmic, radiographic, reproductive examinations, etc.). While compliance with all of the following guidelines helps to ensure a properly reported purchase examination, it remains the sole responsibility of the veterinarian to determine the extent and depth of each examination. The AAEP recognizes that for practical reasons, not all examinations permit or require veterinarians to

adhere to each of the following guidelines.

1. All reports should be included in the medical record.
2. The report should contain:
 - a. A description of the horse with sufficient specificity to fully identify it.
 - b. The time, date and place of the examination.
3. The veterinarian should list all abnormal or undesirable findings discovered during the examination and give his or her qualified opinions as to the functional effect of these findings.
4. The veterinarian should make no determination and express no opinions as to the suitability of the animal for the purpose intended. This issue is a business judgment that is solely the responsibility of the buyer that he or she should make on the basis of a variety of factors, only one of which is the report provided by the veterinarian.
5. The veterinarian should record and retain in the medical record a description of all the procedures performed in connection with the purchase examination, but the examination procedures need not be listed in detail in the report.
6. The veterinarian should qualify any finding and opinions expressed to the buyer with specific references to tests that were recommended but not performed on the horse (x-rays, endoscopy, blood, drug, EKG, rectal, nerve blocks, laboratory studies, etc.) at the request of the person for whom the examination was performed.
7. The veterinarian should record and retain the name and address of parties involved with the examination (buyer, seller, agent, witness, etc.).
8. A copy of the report and copies of all documents relevant to the examination should be retained by the veterinarian for a period of years not less than the statute of limitations applicable for the state in which the service was rendered. Local legal counsel can provide advice as to the appropriate period of retention.

Recommendations for Purchase Exams at Public Auction

- Radiographic interpretation for potential buyers should be performed by a veterinarian retained to represent that buyer's personal interest with their particular needs and level of risk tolerance in mind.
- Use of radiographic reports composed by the sellers' veterinarian for proposed buyers has the potential to jeopardize all parties involved. The buyer may not be represented adequately, the seller incurs greater risk by potentially misrepresenting the horse and the veterinarian does not have the opportunity to explain his/her findings and their relevance to resale or training, in their opinion.
- Veterinarians are encouraged to report all radiographic findings when interpreting radiographs for either the seller or buyer at public auction, with particular emphasis on those areas where pathology would commonly occur.
- Modifying or altering radiographic reports, including deleting findings by either the veterinarian or anyone with access to the report, so that they might be used as a positive marketing tool in the auction venue is considered unethical and fraudulent.
- Veterinarians with ownership in horses being presented for public auction should avoid being involved in the representation of those horses to potential buyers including, but not limited to, performing a radiographic or endoscopic assessment.
- Veterinarians involved in performing radiographic examinations

on horses for sale at public auction should strive to provide optimum radiographic quality with respect to proper positioning and appropriate exposure of all required views to ensure accurate and reliable determinations of findings.

Radiographs – Custody and Distribution

The AAEP recommends the retention of all radiographs on file for a period of three years. The AAEP and AVMA consider this essential for protection against litigation. The assertion of legal precedent is that radiographs are the property of the veterinarians who produced them, and only the information interpreted from the radiograph is the property of the client. In extenuating circumstances a copy of the radiograph can be made for distribution, including for referrals and consultations. Distribution of the original radiographs risks loss or misplacement such practice should be restricted to use in referrals and consultations, and then released only upon proper request.

Reviewed by AAEP board of directors in 2010.

Position on Sale Disclosure (1998)

AAEP supports the position that when a horse is sold, any known invasive surgery, disease, injury, or congenital defect which is not apparent, should be disclosed to the intended buyer by the owner and/or agent.

The AAEP supports disclosure of ownership by single or multiple owners of a horse at the time of offering for sale.

Reviewed by AAEP board of directors in 2010.

Veterinary Practice

AVMA Position on Certificates of Veterinary Inspection (2006)

Accredited veterinarians are responsible for the accuracy and completeness of all certificates of veterinary inspection that they issue. Only those matters within their own knowledge and/or observation should be certified. Identification of animals or products that are subjects of certification should be comprehensive. Records must be retained according to statutes.

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AVMA Position on Pre-Signed Certificates of Veterinary Inspection (1998)

Any veterinarian found guilty of pre-signing or otherwise misusing intra- or inter-state or export certificates of veterinary inspection should have his or her accreditation immediately removed, and all pertinent information should be transmitted to the state board of veterinary medical examiners for a proper hearing. The AVMA believes that the chief animal health official of each state should exercise strict control over the issuing and control of all certificates of veterinary inspection.

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Contingency Fees (1965)

It is not ethical for a veterinarian to enter into agreements with clients which provide that the fee to be charged for certain services will be contingent upon a horse's successful performance on the racetrack or in the show ring. Such an agreement is unethical in that the veterinarian must at all times render the ultimate assistance to the patient and charge a fee appropriate for the services rendered. The veterinarian's fee is not based on a subsequent event, but directly connected with the services rendered. There are no guarantees in medicine, expressed or implied.

A fee contingent upon the outcome of a race gives the veterinarian a vested interest in the horse, and the racing rules in many states preclude such practices. In other states where the rules do not exist, such vested interest will be considered as a conflict of interest with the owners of all other horses in the race.

This is not to be confused with attempted surgical repair or treatment of cases with poor prognosis if such efforts promise educational benefit, and of cases that would have been destroyed for economic reasons. In those cases, it is proper for a veterinarian to share efforts on a contingency basis with the client.

Reviewed by AAEP board of directors in 2010.

Conflicts of Interest (2007)

A conflict of interest, as it pertains to veterinary medicine, is a situation in which the veterinarian has competing professional or personal interests. Such competing interests can make it difficult for the veterinarian to fulfill his or her duties impartially. A conflict of interest can exist even if no unethical or improper act results from it; however, it can create an appearance of impropriety that can undermine confidence in the person or profession.

The AAEP suggests the following guidelines for its members:

1. A veterinarian should strongly consider whether or not to render services to a client if in doing so the veterinarian's independent professional judgment will be adversely affected by a personal, professional or financial relationship with either the client or a third party.
2. A veterinarian should strongly consider whether or not to render services to a client if the services to that client will be adversely affected by the veterinarian's responsibilities to another client, a third party or the veterinarian's own interests.

Reviewed by AAEP board of directors in 2010.

Position on Equine Dentistry (2009)

The practice of equine dentistry is an integral branch of equine veterinary medicine. This discipline encompasses all aspects of diagnosis, treatment, and prophylaxis of any and all equine dental conditions and diseases that affect the oral cavity, mandible and maxilla, teeth and associated structures. As such, it falls within the purview of veterinary medicine.

Any surgical procedure of the head or oral cavity; the administration or prescription of sedatives, tranquilizers, analgesics or