

# Foal Vaccination Guidelines

## Special Considerations for Foals

Foals represent a unique challenge for vaccination. As they are nursing, they acquire immunity, called “maternal antibodies”, that helps to protect from disease in the early stages of life. This immunity is short-lived, and starts to decline as the foal ages. Our vaccinations must be appropriately timed to ensure that the foal is protected as these antibodies disappear. Additionally, the type and amount of antibodies that they receive is highly dependent upon the vaccination status of the mare.

## Core Vaccines= *Recommended for ALL horses*

1. **Rabies:** This neurologic disease is 100% fatal, and is transmissible to humans (“Zoonotic”). It is transmitted by the bite/saliva of an infected animal. This vaccine must be given by a licensed veterinarian.
2. **Eastern/Western Equine Encephalitis:** Another neurologic disease which is nearly always fatal. Humans can also contract his disease; it is transmitted by mosquitoes.
3. **Tetanus:** A neuromuscular disease caused by a bacterial infection usually associated with puncture wounds. This bacteria is common in equine environments, and the disease is usually fatal and/or very expensive to treat.
4. **West Nile Virus:** Another neurologic disease caused by mosquitoes, which humans can also contract. This disease is usually fatal to horses and/or very expensive to treat.

## Elective Vaccines= *Based upon lifestyle and exposure risk*

1. **Equine Herpesvirus (“Rhino”):** A highly contagious respiratory virus, generally causing an upper respiratory infection. Also has potential to cause a neurologic syndrome as well as abortion in pregnant mares. The virus is transmitted from horse to horse by aerosolized nasal secretions. The vaccine is recommended for horses exposed to a diverse population of other horses, through showing, travel, or boarding situations; it is also recommended for all pregnant mares.
2. **Influenza:** Another highly contagious respiratory virus, which causes an upper respiratory infection. Transmitted from horse to horse by aerosolized nasal secretions, the vaccine is recommended for horses showing, traveling or boarding.

**Strangles:** Strangles is a highly contagious, respiratory bacterial disease that commonly affects young horses (weanlings and yearlings), but horses of any age can be infected. This disease is spread by both direct and indirect contact with infected horses. Vaccination is recommended on premises where strangles is a persistent endemic problem or for horses that are expected to be at high risk of exposure.

## General Guidelines for Vaccination

<b>Disease</b>	<b>Vaccinated Mare</b>	<b>Unvaccinated Mare</b>	<b>Special Considerations</b>
<b>Rabies</b>	1 dose at 6 m. Booster in 4-6 weeks	1st dose at 6 m.	
<b>EEE/WEE</b>	1st dose at 4-6 m. Booster 4-6 weeks 3rd dose at 10-12m.	1st dose 3-4 m. Booster 4 weeks Booster 8 weeks after 2nd dose	Foals born during primary vector season may require vaccination at an earlier age
<b>Tetanus</b>	1st dose at 4-6m. Booster 4-6 weeks 3rd dose at 10-12m.	1st dose at 4-6m. Booster 4-6 weeks 3rd dose at 10-12m.	
<b>West Nile</b>	1st dose at 4-6 m. Booster 4-6 weeks 3rd dose at 10-12 m.	1st dose at 3-4 m. Booster 4-6 weeks Booster 8 weeks after 2nd dose	Foals born during primary vector season may require vaccination at an earlier age or shortened booster intervals
<b>EHV (Rhino)</b>	1st dose at 4-6 m. Booster 4-6 weeks 3rd dose at 10-12m.	1st dose at 4-6 m. Booster 4-6 weeks 3rd dose at 10-12m.	
<b>Influenza (Flu)</b>	1st dose at 6 m. Booster 3-4 weeks 3rd dose at 10-12m.	1st dose at 6 m. Booster 3-4 weeks 3rd dose at 10-12m.	
<b>Strangles</b>	1st dose at 4-6 m. Booster 4-6 weeks Booster 4-6 weeks after 2nd dose	1st dose at 4-6 m. Booster 4-6 weeks Booster 4-6 weeks after 2nd dose	

Give us a call to schedule your vaccine appointment today!



**Auburn Equine**

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