How and Where to Inject

Injection sites include specific areas wherein there is sufficient muscle mass to receive the needle and little chance of accidentally hitting bone or puncturing a nerve, tendon, or major blood vessel.

Neck Region
Most frequently used. Extreme care necessary to hit safe “triangle” of muscle—neither too high in the neck into the large ligament (ligamentum nuchae), nor too low in the neck close to the cervical vertebrae (neck bones). Avoid the jugular area.

Please Note
• Make sure horse is healthy and has a normal temperature before injecting.
• All vaccines must be handled properly.
• Keep vaccines at appropriate temperatures.
• Use vaccines before expiration.

STEP-BY-STEP INJECTION GUIDE
1. Use 20-22 gauge, 1.5-inch needle.
2. Use new, sterile needle for each dose of vaccine and for each horse.
3. Keep needle sheathed until immediately before use.
4. Carefully attach syringe to inserted needle. Disinfect skin with alcohol. Tap skin a few times and thrust needle in quickly, deep into muscle, straight all the way to the hub.
5. Pull back plunger slightly to insure you are not in blood vessel. Blood will appear if you are. If so, withdraw and try again.
6. After withdrawing needle, massage site for 30 seconds after injection to distribute vaccine and help avoid soreness.
7. Allow horse to rest and get free exercise for 2 to 3 days following vaccination, during which time horse may experience slight soreness and lethargy.

Diseases of Concern
The diseases to which horses are vulnerable vary widely. Some are blatant; others pose hidden threats. Some target younger horses, while others affect all ages. The key to good health for your horse is in knowing when, how and where these enemies might strike—and how to best defeat them. To follow are brief descriptions of the more common equine diseases. Consult your veterinarian for more extensive information.

Sleeping Sickness
Also known as “lockjaw”, this disease stems from exposure to Clostridium tetani bacteria. Tetanus toxins cause muscles to spasm and go rigid, and respiratory paralysis and dehydration can lead to death. Vaccination is strongly recommended for all horses.

West Nile Virus
West Nile virus affects horses, humans and birds. Spread only by mosquitoes, it is not directly contagious from a sick animal. Symptoms vary widely and generally include neurological signs such as ataxia (wobbly legs) and muscle twitching (especially in the lips, neck, and chest). Most horses will also have a fever, lethargy and decreased appetite. Some horses show no symptoms at all. Mortality may be as high as 30 percent. Vaccination is strongly recommended for all horses, regardless of location.

Equine Influenza
Also known as “flu”, this virus can be transmitted from saliva of an infected (sick) animal, usually through a bite. The virus migrates via nerves to the brain where it initiates rapidly progressive encephalitis. Always fatal. Vaccination is strongly recommended for all horses.

Rhabdomyolysis
Also known as “muscle fever”, rhabdomyolysis occurs through transmission of the virus from saliva of an infected (sick) animal, usually through a bite. The virus migrates via nerves to the brain where it initiates rapidly progressive encephalitis. Always fatal. Vaccination is strongly recommended for all horses.

Rhinoencephalomyelitis
Equine herpesvirus (EHV), sometimes called “haze”, has two main types: EHV-1 and EHV-4. EHV-1 is most virulent and can cause respiratory disease, abortion, fatal death and neurological disease. EHV-4 is more common in young horses and usually only causes respiratory problems. Vaccination recommendations vary depending upon disease risk assessment. Pregnant mares need specifically labeled EHV-1 vaccinations as an aid in the prevention of EHV-1 induced abortions.

Other Diseases
Other common diseases seen in North America include Pneumonia, Rhinopneumonitis, Strangles, Bang’s Fever, and Bubonic Fever. Consult your veterinarian on the risks in your area.
Total Horse Health
Vaccinating is Important
Vaccinating your horse at the right time, well before exposure to viral and bacterial diseases is extremely important. Your veterinarian remains the best source for advice on an appropriate immunization program and other aspects of your horse's health.

Any horse can get sick at any time. However, horses that are on the move – to horse shows, rodeos, the racetrack, the breeding shed, trail rides, etc. – are especially susceptible to diseases spread by other horses. In addition, travel stress can weaken the immune system horses use to naturally fend off illness.

Key Points
• Vaccinate your horse at the right time, well before exposure to viral and bacterial diseases.
• Your veterinarian is the best source for advice on an appropriate immunization program.
• Any horse can get sick at any time, especially those on the move or experiencing travel stress.
• Travel stress can weaken the immune system horses use to naturally fend off illness.

HOBBY (Low exposure to Flu and Herpesvirus)

<table>
<thead>
<tr>
<th>Performance (or any horse with moderate to high exposure to Flu and Herpesvirus)</th>
<th>SPRING</th>
<th>DON'T FORGET TO VACCINATE FOR RABBIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encevac®</td>
<td>Equi-Nile™</td>
<td></td>
</tr>
</tbody>
</table>

MARE (Months of Pregnancy)

<table>
<thead>
<tr>
<th>Pre-Breeding or Spring</th>
<th>5 Months</th>
<th>7 Months</th>
<th>9 Months</th>
<th>10 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prestige® V + VEE</td>
<td>Equi-Nile™</td>
<td>Prestige® II</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FOAL (Age)

<table>
<thead>
<tr>
<th>5 to 6 Months</th>
<th>6 to 7 Months</th>
<th>10 to 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prestige® V</td>
<td>Equi-Nile™</td>
<td></td>
</tr>
</tbody>
</table>

Note: Vaccination serves to minimize the risks of infection but cannot prevent disease in all circumstances. Stacking plans, in the absence of good management programs directed at minimizing the risk of infection, all horses will not be protected in an equal degree, and vaccination will not always provide complete protection. Although this is a point to be considered in the decision-making process, appropriate handling and administration of vaccines is essential.

*Venezuelan is a risk based disease. Prestige V + VEE can be substituted when necessary.

Suggested Vaccination Schedule

PRODIGY® V with Havlogen®

<table>
<thead>
<tr>
<th>Horse 5-way + VEE</th>
<th>Aids in the Prevention of: Eastern/Western Equine Encephalomyelitis (EEE/WEE), Tetanus, and Venezuelan Equine Encephalomyelitis (VEE)</th>
</tr>
</thead>
</table>

When to Use:
• Annually (usually in spring) depending on the risk of VEE
• Every 6 months (optional depending on the risk)
• Pregnant mares 4–6 weeks prior to foaling**

PRODIGY® II with Havlogen®

| Horse 3-way + VEE | Aids in the Prevention of: Eastern/Western Equine Encephalomyelitis (EEE/WEE), Tetanus, and Venezuelan Equine Encephalomyelitis (VEE) |

When to Use:
• Annually (usually in spring) depending on the risk of VEE
• Every 6 months (optional depending on the risk)
• Pregnant mares 4–6 weeks prior to foaling**

Encevac® T + VEE with Havlogen®

| Horse 5-way + VEE | Aids in the Prevention of: Eastern/Western Equine Encephalomyelitis (EEE/WEE), Tetanus, and Venezuelan Equine Encephalomyelitis (VEE) |

When to Use:
• Annually (usually in spring) depending on the risk of VEE
• Every 6 months (optional depending on the risk)
• Pregnant mares 4–6 weeks prior to foaling**

Encevac® T + VEE with Havlogen®

| Horse 2-way + VEE | Aids in the Prevention of: Eastern/Western Equine Encephalomyelitis (EEE/WEE), Tetanus, and Venezuelan Equine Encephalomyelitis (VEE) |

When to Use:
• Annually (usually in spring) depending on the risk of VEE
• Every 6 months (optional depending on the risk)
• Pregnant mares 4–6 weeks prior to foaling**

Encevac® T + VEE with Havlogen®

| Horse 3-way | Aids in the Prevention of: Eastern/Western Equine Encephalomyelitis (EEE/WEE), Tetanus, and Venezuelan Equine Encephalomyelitis (VEE) |

When to Use:
• Annually (usually in spring) depending on the risk of VEE
• Every 6 months (optional depending on the risk)
• Pregnant mares 4–6 weeks prior to foaling**

Encevac® T + VEE with Havlogen®

| Horse Flu/EHV (Rhino) | Aids in the Control of: Equine Influenza (EIV), Equine Herpesvirus 1 & 4 (EHV-1 & 4) |

When to Use:
• As an Equine Influenza (EIV)/Equine Herpesvirus 1 & 4 (EHV-1 & 4) booster every 6 months

Encevac® T with Havlogen®

| Horse EHV-1 | Aids in the Prevention of: Equine Herpesvirus 1 (EHV-1) (abortion & respiratory) |

When to Use:
• 5th, 7th, and 9th months of pregnancy

Super-TeQ® with Havlogen®

| Horse Tetanus | Aids in the Control of: Tetanus |

When to Use:
• Annually (usually in spring)
• Pregnant mares 4–6 weeks prior to foaling**
• Injured horse (wounds, surgery, etc., if last dose not administered within 6 months)

Equi-Nile™ with Havlogen®

| Horse West Nile | Aids in the Reduction of: Disease, encephalitis, and virosis caused by West Nile Virus |

When to Use:
• Annually (usually in spring)
• Every 6 months (optional depending on risk)
• Pregnant mares 4–6 weeks prior to foaling**

*Havlogen is an adjuvant.
**More recommendation per AAEP vaccination guidelines.

See your vet for an annual spring checkup and a Rabies prevention program. Discuss the risk of Potomac Horse Fever and Streptococcus.