

Long Distance Equine Transportation

Vital Considerations

So you've just purchased a Newfoundland Pony and it's located in Newfoundland. Now you need it shipped to your farm somewhere on the mainland. The transportation method is certainly a big consideration but there are also important precautionary measures to be taken before, during and after the trip so the pony can stay sound and healthy. These measures are in addition to obtaining the necessary vaccinations as advised by your vet. These vaccinations could involve West Nile Virus, Rhino Flu, Influenza, Tetanus, Rabies, Distemper (Strangles), etc.

Any journey greater than 5 hours is considered long distance for an equine. An equine can lose 2-5 pounds of body weight for every hour it travels in cooler temperatures. Hot weather can increase this effect significantly due to sweating.

Other effects of long distance travel include:

- suppression of the body's immune system
- impaired clearance of foreign bodies such as dust, bacteria, etc. from the respiratory system
- dehydration due to reduced water intake
- refusal to eat

Major complications could include:

- **Shipping Fever (Pleuropneumonia):** a bacterial infection of both the lungs and pleural space that surrounds the lungs
- clinically dehydrated (loss of at least 5% of body weight)
- colic: loss of body water causes the fibrous food in their digestive track to become dehydrated so there is impaction colic

Minimize complications by:

- the animal should not be too tired, dehydrated or stressed before long distance trip
- ensure the animal is cooled down and given a drink before travel
- a traveling companion is advisable if possible; the company of a well seasoned traveler will make the trip a lot easier for a young animal
- trailer loading is usually simplified by using a bucket of sweet feed or treats as temptation to walk onboard
- if tied, do not tie head too short, side tie preferred; give the animal enough room to be comfortable and be able to move head around but not to a length where he can get tangled or put a foot over the tie; use quick release snaps and knots
- many experienced transporters prefer the animals untied during travel and many animals travel best facing the rear; if sufficient space is not available for the animal to turn around comfortably, tie to the rear if possible
- if using bar and chain trailer dividers, adjust to properly fit the pony (usually sized to fit horses) so that he cannot get caught underneath and panic during travel
- safe access to hay to munch on during the trip will help relax the animal (extra care with hay nets and their placement)
- ensure adequate cross ventilation - above the animal's back to avoid chills and side vents open
- drive steadily, smoothly, and avoid swaying
- plan frequent stops with rests: equines should be offered food and water every 2-4 hours; every 2 hours if it is hot and humid; also a walk about outside if possible or a chance to graze for at least 15-20 minutes

- **plan frequent stopovers: equines should not be asked to travel more than 8 hours at a stretch unless unavoidable**
- **delay trip if respiratory trouble such as influenza during 4 weeks preceding trip; could predispose equine to Pleuropneumonia**
- **animals that have never trailered should have some pre trailering training beforehand if possible to reduce stress; this should be a positive experience**
- **make any feed changes 2-4 weeks before a long distance trip**
- **deworm 1-2 weeks prior to transport to avoid addition stress and complications due to worm burden**
- **accustom animal to soaked hay or damp pellets and flavored water (with apple juice or flavored electrolytes) prior to trip; eating soaked hay or damp pellets the day before the trip will provide the much needed hydration**
- **the flavored water will encourage the animal to drink foreign water if you cannot bring a supply of water from home and the use of electrolytes will help replenish what is lost during sweating**
- **vet check the week prior to travel; chronic diseases could worsen**
- **avoid impaction colic by 1) having vet administer mineral oil plus water and electrolytes via nasogastric tube 4-12 hours before travel or 2) if that is not possible, some mineral oil could be given in a bran mash or feed with some tasty apples or carrots**
- **some vets recommend use of probiotics to help balance the animals gut during shipping**
- **a couple of days supply of feed and hay currently used by the animal should be shipped to the new location so that it can be mixed with that at the new location and so help avoid any changeover problems like colic**
- **some large transports have air conditioned rigs and this could definitely be an big advantage in summer travel when there is the possibility of heat wave and traffic congestion conditions**

Signs to Watch For:

- **depression or not eating**
- **increased respiratory rate or effort, coughing, discharge, especially thick or discoloured from the nostrils**
- **fever = any temperature greater than 101.5°F; a temperature greater than 104°F is indicative of overheating or a severe infection**
- **following transport, temperature should be taken once the animal has settled into its stall and then every morning thereafter – contact vet immediately re any fever spikes**
- **decreased amount of manure, dry manure, decreased appetite, abdominal pain (pawing, looking at sides or rolling) indicate colic**
- **dehydration signs: excessive sweating, decreased water intake or decreased urination**
- **a heart rate greater than 44 beats per minute is elevated**
- **call vet immediately if any of the above signs appear**

On Arrival Veterinary Care:

- **it is advisable to arrange a thorough physical exam by a vet to look for any signs of respiratory disease, dehydration and colic**
- **vet may wish to take blood count (detect infection) and a chemical profile (detect organ dysfunction) depending on the animal's condition and the difficulty of the trip**
- **vet may ultrasound the chest to detect any fluid if there is an indication of a respiratory infection**
- **if the diagnosis is shipping fever (Pleuropneumonia), it will be treated with broad spectrum antibiotics and it may be necessary to drain the chest of excessive fluids**
- **Shipping Fever can be severe and could result in hospital care or even death**
- **a colic diagnosis may result in a rectal examination and treatment could involve intravenous fluids**
- **for dehydration the vet will administer electrolytes using a nasogastric tube or in severe cases intravenous fluids**

- **overheating is serious and temperature over 104°F indicates imminent heat stroke, so rapid cool down is necessary and is accomplished through continual bathing in cool water and encouraging the animal to drink cool (not cold) water; vet will also administer nasogastric and intravenous fluids.**

Home Care:

- **it may take 1-2 weeks for your equine to regain the weight lost during the trip so let him take it easy for a time**
- **he will need to stretch his muscles so allow him as much turn out time as possible and this will also help his gastrointestinal function return to normal**
- **if there is no turn out, exercise such as hand walking, long-line or gentle rides can help him return to normal but will need to be done at least three times a day**
- **temperature should be monitored twice a day for the first week since a gradual rise could indicate respiratory infection**
- **limited manure and urine production are also warning signs**

Infectious Diseases and Immunizations

Many ponies in Newfoundland are not immunized. You will need to determine from the seller what vaccines have already been provided and when. You will need to consider what immunization is required in your local area so that the animal will be protected on its arrival. You will need to protect the animal from disease carriers en route if the animal will come in contact with other equines during the transportation. Some of the vaccines will require booster shots so could involve a lead time of one month or more before travel. Immunization needs careful discussion with your vet.

Immunization is not a substitute for good management practices such as limiting horse movement from place to place, isolation of newly arrived animals and proper sanitation.

Listed below are some of the common and not so common equine diseases. This is not a complete list.

Bacterial Infections:

Equine Distemper

Streptococcus equi subsp. equi (Strangles)

- **highly contagious bacteria disease**
- **bacteria is quite resistant and can survive for months in barns or on objects such as halters**
- **passed from one animal to another in the form of pus from abscesses which form in the lymph nodes around the head or in pus discharges from the animal's nostrils**
- **incubation period is from 3 to 6 days**
- **Strangles is usually seen in young animals (1 to 5 years) but could occur at any age for those animal not previously infected and therefore have no immunity**
- **isolation and quarantine are recommended for all new arrivals for at least 2 weeks**
- **because of serious side effects, bacterins for immunization should only be used on the advice of a vet**

Streptococcus equi subsp. zoepidemicus

- very closely related to Strangles
- significant cause for lower respiratory disease, foal pneumonia and abortion
- thought to be linked to Shipping Fever
- Strangles vaccines do not protect against respiratory or uterine diseases caused by *Streptococcus zoepidemicus*

Equine Pleuropneumonia (Shipping Fever)

- caused by low grade viral infection, breathing contaminated air in poorly ventilated transports, and the stress of travel
- travel stress includes: noise, cramped spaces, high speed driving, swaying of trailers, inadequate rest stops
- short tying the head can lead to the spread of bacteria from the nose and mouth area into the deeper parts of the respiratory track since horses unable to put their heads down to drain normal respiratory secretions
- airborne contamination is highest in the rear of the transport
- underlying viral disease, being tired and dehydrated increases risk
- early signs may be confused with colic but prompt veterinary attention is required before the condition worsens; death could result in 3-5 days if unattended

Tetanus

- a serious disease that can be fatal (80% mortality rate)
- caused by the type of bacteria which is normally found in equine intestines and passed in manure and can persist for long periods of time and grows in the absence of air
- puncture wounds such as stepping on a nail, wire cut or impaling on a branch provide an ideal environment for this bacteria to grow
- the bacteria produces a toxin which affects the horse's nervous system
- it rarely occurs in surface or clean wounds but even then revaccination is warranted
- incubation period varies from several days to 4 months and the injury may be completely healed
- this is a standard equine vaccination

Viral Infections:**Equine Encephalomyelitis (Sleeping Sickness)**

- this is a viral disease and there are three varieties; mostly location dependent
- Eastern Equine Encephalomyelitis (EEE) 90% mortality, Western Equine Encephalomyelitis (WEE) 50% mortality, and Venezuelan Equine Encephalomyelitis (VEE)
- these diseases affect the horse's nervous system
- most often occurs in pasture animals in the summer
- EEE - spread of disease thought to involve mosquitoes and birds
- both man and equine are considered to be dead-end hosts and therefore cannot spread the disease
- WEE - spread by mosquitoes, birds, reptiles and wild mammals
- incubation is one to three weeks after animal bitten by infected mosquito
- VEE- this virus is produced in the equine to infect other equines and humans through body secretions and insects
- vaccinate as required depending on year and area

Equine Herpes or Equine Rhinopneumonitis (Snots) Virus or EHV

- EHV is a highly infectious viral disease and there are two forms
- EHV-1 can cause abortion, respiratory disease and paralysis
- EHV-2 can also cause abortion but usually causes only respiratory disease
- the virus can survive 14-45 days and is spread via the respiratory tract or aborted fetuses, membranes and fluid
- abortion can take place after the 4th month of pregnancy as early as 2 weeks from infection or as late as the 11th month of pregnancy
- more common in young equines who are away from home for the first time and get together at racetracks, training facilities, shows and similar events
- older horses can become infected and not show any sign of the disease but be carriers
- there is usually a nasal discharge which changes from clear to pus-like, tears or pus may run from the eyes and there is usually a cough so the disease is easily transferred from one animal to another
- incubation period varies from 1 to 10 days
- heat and disinfectants can destroy the virus so stables and transport should be steam cleaned and disinfected regularly
- new arrivals should be isolated and horses divided into small groups
- all equines, especially pregnant mares, should be vaccinated as directed by your vet against this disease – there are two forms of the vaccine: killed and modified-live

Equine Infectious Anemia (Swamp Fever, EIA)

- although not common, this is a viral disease that may persist in the blood of an infected animal for years
- the virus can live up to 96 hours on twitches, bits and other objects that have been contaminated by the blood of an infected equine
- horse flies are thought to be especially important in the spreading of this disease
- incubation is normally about 14 days but could vary from a few days to three months or longer
- there is no specific cure and no vaccine has been successful to date
- Coggins Testing is required to move horse to racetracks, shows and sales
- negative Coggins test results are reliable but positives are a problem because there is no way of knowing if the animal is a recovered carrier and still infectious or completely recovered and has immunity against the disease

Equine Influenza

- this is also caused by a virus associated with the upper respiratory infection
- most common cause of respiratory disease in horses
- similar to Rhino re incubation and transfer
- this is standard equine vaccination and frequency will depend on lifestyle

Equine Viral Arteritis

- another viral disease
- can cause severe outbreaks of respiratory disease and abortion
- transmission occurs through inhalation or exposure to contaminated objects or environment
- venereal transmission can also occur and a high percentage of stallions become chronic carriers
- outbreaks of this disease are uncommon and the EVA vaccine is used to control outbreaks

Potomac Horse Fever (PHF) or Equine Monocytic Ehrlichiosis

- **caused by the ehrlichial parasite and is most common in the eastern U.S.**
- **it is seasonal between spring and fall in the more temperate areas**
- **thought but not proven that ticks or mosquitoes are responsible for transmission**
- **horses traveling or living in problem areas need vaccination**

Rabies

- **this disease is also caused by a virus and affects the horse's nervous system**
- **it is passed through saliva of infected animals**
- **incubation period is 3 weeks to 3 months**
- **this is a standard equine vaccination**

West Nile Encephalitis or West Nile Virus (WNV)

- **this disease is also caused by a virus and is a neurological disease**
- **33% mortality rate and survivors experience residual effects**
- **it is a mosquito borne virus carrying the disease from infected birds**
- **ticks may also be carriers**
- **incubation period from 3 – 15 days**
- **WNV is now in most places in North America**
- **preventive measures are mosquito control and vaccination**

This article has been provided to aid pony owners transporting ponies between distant locations. It is hoped that the information will help avoid some of the problems that people have experienced in the past. Although some problems are unavoidable, let's hope that these will be few and far between. When problems do occur, vet bills can mount up rapidly and early identification of a problem and proper diagnosis is extremely important. Also, precautionary steps such as a two week isolation from other animals on arrival can reduce further risks.

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