

DRASA VETERINARY RULES



DRASA CODE OF CONDUCT FOR THE WELFARE OF THE HORSE

DRASA requires all those involved in long distance horse riding to adhere to the DRASA Code of Conduct. At all times the welfare of the horse must be paramount. Welfare of the horse must never be subordinated to competitive or commercial influences. The following points must be particularly adhered to:

A. General Welfare:

Good Horse management

Stabling and feeding must be compatible with the best Horse management practices. Clean and good quality forage, feed and water must always be available.

A.1. Training methods

Horses must only undergo training that matches their physical capabilities and level of maturity. They must not be subjected to methods which are abusive or cause fear.

A.2. Farriery and tack

Foot care and shoeing must be of a high standard. Tack must be designed and fitted to avoid the risk of pain or injury.

A.3. Transport

During transportation, Horses must be fully protected against injuries and other health risks. Vehicles must be safe, well ventilated, maintained to a high standard, disinfected regularly and driven by competent personnel. Competent handlers must always be available to manage the Horses.

A.4. Transit

All journeys must be planned carefully, and Horses allowed regular rest periods with access to food and water.

B. Fitness to compete:

B.1. Fitness and competence

Participation in Competition must be restricted to fit Horses and Athletes of proven competence. Horses must be allowed suitable rest period between training and competitions; additional rest periods should be allowed following travelling.

B.2. Health status

No Horse deemed unfit to compete may compete or continue to compete. Veterinary advice must be sought whenever there is any doubt.

B.3. Doping and Medication

Any action or intent of doping and illicit use of medication constitutes a serious welfare issue and will not be tolerated. After any veterinary treatment, sufficient time must be allowed for full recovery before Competition.

B.4. Surgical procedures

Any surgical procedures that threaten a competing Horse's welfare or the safety of other Horses and/or Athletes must not be allowed.

B.5. Pregnant/recently foaled mares

Mares must not compete after their fourth month of pregnancy or with foal at foot.

B.6. Misuse of aids

Abuse of a Horse using natural riding aids or artificial aids (e.g. whips, spurs, etc.) will not be tolerated.

C. No events must prejudice Horse welfare**D. Events****D.1. Competition areas**

Horses must be trained and compete on suitable and safe surfaces. All obstacles and competition conditions must be designed with the safety of the Horse in mind.

D.2. Ground surfaces

All ground surfaces on which Horses walk, train or compete must be designed and maintained to reduce factors that could lead to injury.

D.3. Extreme weather

Competitions must not take place in extreme weather conditions that may compromise welfare or safety of the Horse. Provision must be made for cooling conditions and equipment for Horses after competing.

D.4. Stabling at Events

Stables must be safe, hygienic, comfortable, well ventilated and of sufficient size for the type and disposition of the Horse. Washing-down areas and water must always be available.

E. Humane treatment of horses:**E.1. Veterinary treatment**

Veterinary expertise must always be available at an Event. If a Horse is injured or exhausted during a Competition, the Athlete must stop competing and a veterinary evaluation must be performed.

E.2. Referral centres

Wherever necessary, Horses should be collected by ambulance and transported to the nearest relevant treatment centre for further assessment and therapy. Injured Horses must be given full supportive treatment before being transported.

E.3. Competition injuries

The incidence of injuries sustained in Competition should be monitored. Ground surface conditions, frequency of Competitions and any other risk factors should be examined carefully to indicate ways to minimise injuries.

E.4. Euthanasia

If injuries are sufficiently severe, a Horse may need to be euthanized on humane grounds by a veterinarian as soon as possible, with the sole aim of minimising suffering.

E.5. Retirement

Horses must be treated sympathetically and humanely when they retire from Competition.

F. Education:

DRASA urges all those involved in equestrian sport to attain the highest possible levels of education in areas of expertise relevant to the care and management of the Competition Horse.

This Code of Conduct for the Welfare of the Horse may be modified from time to time and the views of all are welcomed. Particular attention will be paid to new research findings.

CHAPTER I INTRODUCTION AND GENERAL PRINCIPLES

1. All DRASA Events must be organised according to DRASA Regulations, the Veterinary Regulations and the relevant Sport Rules, which include the supervision and maintenance of the health and welfare of all Horses taking part.
2. The Veterinary Regulations deal specifically with the health and welfare of the Horses competing and the avoidance of any threat to fair play arising from the interaction between the human and equine Athletes.
3. The DRASA Veterinary Committee is responsible for these Veterinary Regulations and for supporting their implementation, as well as for providing advice and support for any Horse welfare related matter.
4. Modifications to these Veterinary Regulations can be made following a proposal from the Veterinary Committee or DRASA through the Veterinary Committee.
5. Failure by Organizing Committees or Officials to comply strictly with these Veterinary Regulations will not provide a defence to any person liable under these Veterinary Regulations, the Sport Rules, or any other applicable DRASA regulation, except where it can be proven that such failure directly caused the rule violation.

CHAPTER II REQUIREMENTS FOR DRASA EVENTS - HORSES' ELIGIBILITY TO COMPETE

1. Equine Identification

Horses registered for the first time with the DRASA may be identifiable with a microchip compatible with ISO 11784 and ISO 11785.

- 1.1. Microchip information must be entered into the DRASA Passport and the DRASA Database. Should a Horse have more than one functioning microchip, additional microchip information must be entered in the Passport Description page.
- 1.2. Should a Horse be implanted with a new microchip, or changes needed to be made relating to microchip information, the Microchip Changes form must be filled in and sent to DRASA.
- 1.3. If the microchip is not read by the microchip reader the horse should be identified by means of the description in the passport and a veterinarian should confirm the identity of the horse in question
- 1.4. If a dispute arises regarding the identification of a horse the identification as in the Passport will apply
- 1.5. If the description in the passport does not correspond with the appearance of the horse presented to the veterinarian and the horse does not have a readable microchip then the horse will not be allowed to compete in the Event and it shall be recorded in the passport that the description of the horse is incorrect

2. Vaccinations and Infectious Diseases

All Horses participating in DRASA Events

- 2.1. Must be vaccinated against equine influenza; and
- 2.2. Must be vaccinated against African Horse Sickness.

Equine Influenza Vaccination Requirements

- a. All proprietary Equine Influenza vaccines are accepted by the DRASA provided the administration of the vaccine complies with the manufacturer's instructions.
- b. An initial Primary Course of two vaccinations must be given; the second vaccination must be administered within 21-92 days of the first vaccination. It is important that the primary course should consist of the same propriety vaccine.
- c. The first booster must be administered within 12 calendar months following the date of administration of the second vaccination of the Primary Course.
- d. Booster vaccinations must be administered at a maximum of 12 month intervals however Horses competing in Events not within 7 days before arrival at the Event.

- e. Horses may compete 7 days after receiving the second vaccination of the primary course.

African Horse Sickness Vaccination Requirements

- a. Horses for competition purposes must be vaccinated in each calendar year against AHS, with both AHS 1 and AHS 2, with an effective remedy registered in section Act 36 of 1947. The only vaccine currently registered in this Act is the live virus vaccine produced by Onderstepoort Biological Products (OBP) The vaccination must be given a minimum of 21 days apart. The interval between vaccines may be longer than 21 days, but horses vaccinated with the 2nd vaccine in less than 21 days will make both vaccinations invalid. This means that a horse requires AHS 1 and AHS 2 every calendar year.
- b. A horse may only participate in a DRASA affiliated ride if proof can be provided that both AHS1 and AHS2 have been administered in the previous calendar year.
- c. It has become common practice to administer AHS 2 before AHS 1, especially in naive animals (imported horse, foals and horses receiving vaccination for the first time). This practice is NOT illegal and it is perfectly acceptable to administer them in this order.
- d. Scientific research has also shown that the ideal time between vaccinations is 4 – 6 weeks and not 21 days. Owners should be encouraged to vaccinate with longer intervals between AHS 1 and 2, which will also allow owners to vaccinate horses at times convenient to their event schedules.
- e. Please note, that for those competitors residing in the Western Cape Free and Surveillance Zones, permission to vaccinate against African Horse Sickness has to be requested in writing on the required form from: move@myhorse.org.za. In the Western Cape Free, Surveillance and Protection Zones, permission for vaccinations will only be allowed between 1st June and 31st October each year. However if a horse only competes inside the Western Cape Free and Surveillance zone it is not necessary to vaccinate the horse against African Horse Sickness. This is in accordance with Department of Agriculture , Forestry and Fishery (DAFF) directive for vaccinations of horses in South Africa.
- f. Whilst it is not a requirement that horses in the AHS Infected Zone be vaccinated between 1st June and 31st October it has been strongly recommended.
- g. Only one vaccine is currently available that is accepted by DRASA and this is manufactured by Onderstepoort Biological Products (OBP vaccine). It consists of two fractions/injections and both fractions/injections shall be administered to a horse. The second fraction/injection may only be administered after a minimum period of 3 weeks after the administration of the first fraction/injection. There is no maximum timeframe to administer the second fraction/injection after the first fraction/injection
- h. Strict rules apply to the movement of horses to the Western Cape and DRASA members shall adhere to these rules at all times. Information regarding these

rules are available at www.myhorse.org.za and the following contact email can be used: move@myhorse.org.za

- i. From time to time regulations and the movement of horses to or in other areas of the country are promulgated by government (Central or provincial) and members of DRASA shall adhere to such regulations. Therefore any directive from Department of Agriculture, Forestry and Fishery (DAFF) shall overrule rules in this rulebook.

DISPENSATION FOR AHS VACCINATION

DAFF has approved a dispensation for competition horses residing in the Free and Surveillance Zones of the Western Cape in that they are not required to have annual AHS vaccination for competition purposes. However, should they wish to leave the Free or Surveillance Zone to travel to the Infected or Protection Zones, they will be required to comply with AHS vaccination according to DAFF regulations.

- 2.3. If the immunisation history of the horse does not meet the requirements as set out in these rules, the horse shall be shown away and is to be removed from the venue.
- 2.4. All information concerning vaccinations must be written in the Horse's Passport and all vaccinations must be checked by a veterinarian before the ride
- 2.5. Vaccinations administered against Equine Influenza, African Horse Sickness and other equine infectious diseases must be entered in the Horse's Passport on the correct vaccination page.
- 2.6. The name and batch number of the vaccine and the date of administration must be recorded in the Passport. If the manufacturer of the vaccine provides a sticker this sticker must also be pasted in the passport
- 2.7. Vaccination does not have to administered by a veterinarian.
- 2.8. Errors in recording vaccination details must be corrected by marking a single line through the incorrect information and re-writing all the details for that vaccination on a new line. The person marking through the incorrect information must place their initials next to the deletion. The use of correction fluid is prohibited
- 2.9. No vaccination shall be given within seven days of the Horse's arrival at the Event.
- 2.10. No vaccinations may be given to Horses at DRASA Event sites before Events
- 2.11. A horse for which a passport has not yet been issued, for rides up to 20 (twenty) kilometres the person responsible must provide proof in the form of the above in the DRASA Passport. The same rules regarding the number of vaccinations/vaccination programme as well as the period before a ride during which the horse may not be vaccinated, apply here as well. The proof is as follows
 - a) The name of the vaccine
 - b) The serial/batch number of the vaccine
 - c) Date of administration of vaccine

3. Rest Periods

Horses must undergo Mandatory Rest periods after competing in DRASA Events, after receiving invasive treatment and after failing to qualify for irregular gait.

The Mandatory Rest periods between events are as follows

0-90kms – rest period 18 days

Over 91kms - rest period 25 days

Horses vetted out from a Ride will have a 12 day rest period applied over and above the mandatory rest period

4. Prohibited Methods

Horses are not permitted to compete in DRASA Events:

*With hyposensitive or hypersensitive areas of the body;

*With a tracheotomy/tracheostomy (i.e. a surgical opening through the skin into the trachea);

*Following gene doping (i.e. the non-therapeutic use of cells, genes, genetic elements or the modulation of gene expression having the capacity to improve performance);

*Following any form of genetic modification;

*Following blood doping, or similar methods (e.g. ozone heamotherapy),

*With any object that punctures the skin with the exception of wound closure materials;

*Horses are not permitted to compete if they have received any prohibited treatments.

*Horses are not permitted to compete if they have “greasy heel (also known as dermatitis, verrucosa, seborrheic dermatitis, mud fever , scratches or “mok”).

CHAPTER III VETERINARY SERVICES, JURISDICTION OF VETERINARIANS, PREVENTION OF DISEASE TRANSMISSION

1. Veterinary Services

The following veterinary services must be available for all Horses at all times during Events:

- 1.1. Effective communication method(s) for all veterinarians including, a radio and mobile phones for backup;
- 1.2. An equine referral clinic with must be pre-notified and on standby to receive sick or injured Horses ;This equine referral clinic must have
 - 1.1.1.1. Diagnostic imaging; and
 - 1.1.1.2. Surgical facilities.
- 1.3. Enough line veterinarians to handle the amount of entries for an event
- 1.4. At least one treatment veterinarian during all competitions
- 1.5. Veterinary equipment (e.g. medication and euthanasia agents, intravenous fluids, consumables and limb stabilisation equipment);
- 1.6. Support personnel familiar with and rehearsed in the necessary emergency procedures must be available to assist the veterinarians (e.g. erecting screens around injured Horses and operating a low-loading transporter or Horse ambulance);
- 1.7. Arrangements must be made in advance with a veterinary pathology facility to carry out a post mortem examination in the event of a Horse fatality.
- 1.8. Arrangements must also be made for the transport of a carcass from the Event site to the Veterinary Pathology Facility

2. Jurisdiction of Veterinarians

- 2.1. The Veterinary panel has absolute control over all matters pertaining to the welfare of horses
- 2.2. The decision of the veterinary panel is final and cannot be appealed
- 2.3. Veterinarians may examine horses at any stage during the ride and after such an examination may make a decision on the horse's further participation in the Event
- 2.4. Veterinarians may make a decision of whether a horse is fit to be removed from the Event venue or not
- 2.5. Veterinarians must advise riders on the health status of their horses and provide them with an early warning or specific advice on the management and handling of horses during an endurance ride.
- 2.6. Veterinarians may take samples (blood, bodily fluids or tissues) for laboratory analyses to detect prohibited substances from any horse entered for the Event. Refer FEI list of Equine Prohibited Substances which is updated from time to time on the FEI website.

- 2.7. Veterinarians may perform a post mortem on any horse that died during an Event or arrange for a post mortem examination by a veterinary pathologist if the person responsible is prepared to pay for the veterinary pathologist's services
- 2.8. In cases of injury/disease a veterinarian may prescribe medications or administer treatments that is essential for the survival of the horse and the owner or rider may not refuse such treatments. These medications or treatments are for the owner's account
- 2.9. A veterinary card is issued to each rider at all rides presented under the rules of DRASA. At each inspection the veterinarians will record their findings on this card.

3. Disease Transmission Prevention

- 3.1. Wherever stables are used at events, the stables should be cleaned and disinfected before they are used and between different Horses.
- 3.2. Stables at the venue should be well-ventilated
- 3.3. Bedding and manure should be daily removed from stables and paddocks by riders/grooms
- 3.4. Good quality drinking water for horses should be available at all times
- 3.5. A horse showing symptoms that could be linked to any contagious or transmissible disease, or that was in contact with horses infected with such a disease or that comes from premises where there are horses infected with such a disease may not participate in ride meets, and the responsible person shall see to it that such horses are not taken to a ride meet. The same applies when there is suspicion, based on sound reasons, that a horse has contracted such a disease, and the veterinary panel officiating at an event has the mandate to refuse such a horse entry to and/or to instruct that such a horse is to be removed from the ride venue.

CHAPTER IV VETERINARY INSPECTIONS

1. Presentation of Horses

- 1.1. Horses are presented for Veterinary Inspections by the Athlete, or groom (the "Handler") who must be suitably dressed for handling Horses.
- 1.2. Horses' competition number must be clearly displayed.
- 1.3. All Horses must be presented for the Veterinary Inspection in a controlled and safe manner. This normally requires a halter. Any equipment used for presentation of the Horse must be in accordance with the Welfare of the Horse
- 1.4. Handlers may not carry a whip.
- 1.5. No Horse may be presented with its identity concealed in any manner by application of paint or dye for example.
- 1.6. Horses are not permitted to wear bandages or blankets/rugs or equivalent during the veterinary inspection. Where the weather makes it necessary for a blanket, the blanket must be removed during the Veterinary inspection and can be put back immediately after the veterinarian has completed the inspection

2. Examination on Arrival

- 2.1. Examination on Arrival must be carried out at all DRASA Events and take place in a designated Examination on Arrival Area. This area must include
 - 2.1.1. Minimum of 40 metres of surface on which Horses will be inspected at walk and trot.
 - 2.1.2. The surface must be maintained as firm, level, clean and non-slippery for the entire period of the Horse Inspection to provide a consistent evaluation of the Horses' fitness to compete
 - 2.1.3. Effort must be made to ensure spectator, Athlete and Horse safety, ensuring a safe distance between all spectators and Horses; and
 - 2.1.4. Strict stewarding is required during the Horse Inspections to ensure the safety of all participants. The area must be stewarded so that Horses are ready for inspection at the scheduled time and quickly led away afterwards.
- 2.2. The line veterinarians must examine all Horses arriving at the Event venue and collect their passports
- 2.3. During the Examination on Arrival, the veterinarian must:
 - 2.3.1. Verify the identity of each Horse from its Passport, using the the microchip number and/or diagram, description of horse

- 2.3.2. Check that the Horse has been vaccinated against equine influenza and African Horse Sickness
 - 2.3.3. Verify whether all details relating to the Horses' identification, vaccination record and other health requirements are correctly recorded in the Passport;
 - 2.3.4. Ensure that the Horses do not have any clinical signs of infectious disease. This may include a clinical examination to assess the heart, respiratory rate, body temperature and the checking of any other clinical parameters; and
 - 2.3.5. Palpate the limbs and/or body only when there is a concern of a suspected injury or illness sustained during travel.
- 2.4. Following any Veterinary Examination any Horse considered not fit to compete must be eliminated.
 - 2.5. Horses that are not vaccinated against Equine Influenza and African Horse Sickness or whose vaccination status cannot be confirmed must be refused permission to compete in the Event and sent home.
 - 2.6. Horses that have any relevant clinical findings must be reported to the chief veterinarian as soon as possible.

3. Veterinary Horse Inspection Procedure

Examinations as explained below are done by a veterinarian and are recorded on the veterinary card.

3.1. Pre-Ride Examination

At the pre-ride examination the veterinarian shall:

- 3.1.1. Check the horse's teeth for their age based on their teeth. Minimum age to compete in any DRASA Pleasure Division is four years. Minimum age to compete in any Division including and above Trail Division is five years. All ages of horses are determined as of the day of the event.

*Guideline of horse age according to teeth

- **4 Years:** The second set of incisors has erupted and there is full contact (over the entire width of the tooth) between the upper and lower incisors of this second set.
- **4 ½ Years:** The third incisor starts to erupt (it is sufficient proof if only one of the third incisors has started to erupt)
- **5 Years:** The third incisors have all erupted, and the front edges of the upper and lower third incisors are in contact.

- **6 Years:** The upper and lower third incisors are in full contact

3.1.2. Evaluate the horse's habitus - attitude and impulsion of the horse

- "A" – Lively, interested in the environment, trots without much encouragement
- "B" – Slightly depressed, has to be encouraged to trot
- "C" – Depressed, refuses to trot or only trots with major encouragement

Loss of attentiveness and impulsion is significant

3.1.3. Evaluate the horse's metabolic state by examining the following

- Evaluate the pulse rate and quality of the heartbeat through auscultation with a stethoscope, placed on the chest wall over the heart. Pulse rate is the first thing that must be evaluated when the horse is presented to the veterinarian. Pulse recovery with rest is one of the main objective criteria for fitness to continue. If a horse's parameters are questionable, refer to the slip time to see how much time has elapsed since arrival. A recovery rate of 60 b.p.m. or less within ten minutes of arrival should be expected. The palpable pulse and auscultable heartbeat should be regular and full. The horse must recover to pulse criteria within 20 minutes of arrival at the checkpoint. Pulse rate abnormalities or murmurs are recorded on the veterinary card. If the veterinarian feels that the pulse rate is increased due to excitement/interference from outside, the pulse must be recounted

- Gut sounds, auscultated with a stethoscope:

- "N" – normal gut sounds
- "R" – decreased/reduced gut sounds
- "I" – increased gut sounds

Gut sounds should be normal at pre-ride inspection

- Determine the level of hydration by means of a skin fold test measured in seconds:

- 1" ≤ 1 second- Normal
- 2" > 1 to 2 seconds Depressed
- 3" > 2 to 3 seconds
- 4" > 3 seconds

The persistence of a skin fold pinched at the point of the shoulder may indicate body water lost in excess of 3% of the horse's body weight. The skin pinch on the side of the neck is less reliable as an indicator of hydration since it is easily influenced by skin elasticity. Hydration should be normal at the pre-ride examination.

d. Capillary Refill time. Give attention to:

- The colour and appearance; check mucous membranes by pressing on a spot on the gum above an upper tooth.

“A” – Normal (pink, moist, glistening)

“B” – Congested, or dry/sticky

“C” – Severely congested, dirty red colour

- Measure the capillary refill time in seconds. Time the return of full colour at the spot, normally this takes one to two seconds.

“1”-≤ 1 second

“2”-> 1 to 2 seconds

“3”-> 2 to 3 seconds

“4”-> 3 seconds

Poor capillary refill often corroborates findings of dehydration, as do dry, tacky mucous membranes. Refill time over two seconds denotes low blood volume and/or low blood pressure under the lip and on the gums. Muddy or injected mucous membranes or purplish gum margination are reliable indicators of metabolic disease.

e. Auscultate the lungs and measure the respiratory rate. These parameters should be normal at a pre-ride inspection

f. If any other signs of disease are found, refer the horse to the treating veterinarian. The rectal temperature should be measured if there is any suspicion of disease. A horse with a rectal temperature above 39.5 C for 30 minutes following cessation of exercise and despite external cooling may not be adequately compensating for the heat stress and may be deemed not fit to continue. Take rectal temperatures on all panting horses and horses with poor pulse recoveries. If the rectal temperature is above 38,4°C at the pre-ride examination, the horse should be referred to the treating veterinarian for a full clinical examination and, if indicated, treatment.

3.1.4. Check for lesions and skin lesions on the withers, back, loins, rib cage, chest, shoulders and mouth. Severe saddle, girth or bit injuries should be disqualified if a change of equipment will not relieve them. Improperly fitting saddles can contribute to severe back discomfort and even lameness and can be cause for elimination. Carefully palpate the back and withers. These are the most common areas for saddle soreness from ill-fitting tack or "hard" riding. Check for lesions on the limbs, (including brushing and overreaching marks), hoof conditions and other abnormalities. All skin lesions shall be recorded in the “remarks” column on the veterinary card. At pre-ride inspections old lesions should also be recorded to allow

for these to be distinguished from fresh lesions that occur during the ride. Grading as follows:

- “A” – No lesions
- “B” – Mild to moderate lesions
- “C” – Severe lesions

3.1.5. Muscle tone should also be evaluated. Palpate the large muscles of the hind legs. Horses that are tying up may start with stride shortening, but this usually progresses to tight hard muscle cramps in the hind quarters. It is evaluated by palpating the major muscles of the hindquarters, and putting slight pressure on these. Muscles should give under slight pressure. Gluteal muscles should also be evaluated. If the muscles appear stiff (not warranting elimination), a note should be made on the veterinary card.

3.1.6. Evaluate the back of the horse. Most commonly, a saddle will cause bridge soreness at both the withers and caudal lumbar area. Rider issues can cause soreness in the centre of the back. Also palpate the back to determine whether it is overly sensitive or painful. . Feel the muscles lateral to the spine for areas of hardness and pain as this can be an area where we find signs of tying up.

3.1.7. Lameness examination.

Each equine shall be trotted to determine its degree of soundness back and forth again for a minimum distance of 40 metres. Lameness is a deviation from the normal gait or posture due to pain or mechanical dysfunction. The horse should be trotted out without a saddle, blanket, bandages or protective equipment, on a loose lead. Take note that unshod horses may be trotted with hoof boots. If the horse, in the opinion of the veterinarian, is lame, the horse must be disqualified by the veterinarian. Horses should preferably be trotted without being chased. Grading on the veterinary card:

- “A” – Sound, no signs of unevenness or lameness
- “B” – Uneven, but not consistently lame
- “C” – Lame


- Any equine determined by the veterinarians to have a “C” Lameness at the completion exam shall be disqualified. A horse is considered to be lame if it shows a constant deviation or pain during the trot up.
- Peculiar and/or abnormal gait which does not warrant elimination shall be recorded on the veterinary card.

3.1.8. Assess the body condition score of the horse

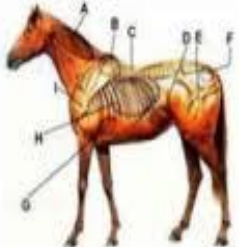
- Ideal body condition scoring to compete in DRASA Events is a condition score of 3. All horses with body condition scoring less than 2 will not be allowed to

complete

- The following is a guideline that can be used to determine the condition scoring of horses:




BODY CONDITION SCORING CHART



Areas of Emphasis for Body Condition Scoring


A: Thickening of the neck
 B: Fat covering the withers
 C: Fat deposits along backbone
 D: Fat deposit on flanks
 E: Fat deposits on inner thigh
 F: Fat deposits around tailhead
 G: Fat deposit behind shoulder
 H: Fat covering ribs
 I: Shoulder blends into neck

5 Moderate
 Back is flat (no crease or ridge); ribs not visually distinguishable but easily felt; fat around tailhead beginning to feel spongy; withers appear rounded over spinous processes; shoulders and neck blend smoothly into body.




1 Poor
 Animal extremely emaciated; spinous processes, ribs, tailhead, tuber coxae, and tuber ischi projecting prominently; bone structure of withers, shoulders, and neck easily noticeable; no fatty tissue can be felt.

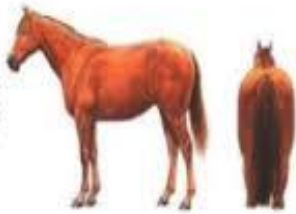
6 Moderately Fleshy
 May have slight crease down back; fat over ribs fleshy/spongy; fat around tailhead soft; fat beginning to be deposited along sides of withers, behind shoulders, and along sides of neck.



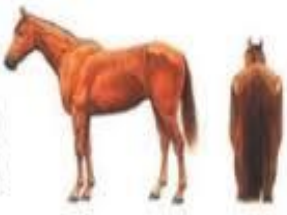
2 Very Thin
 Animal emaciated; slight fat covering over base of spinous processes; transverse processes of lumbar vertebrae feel rounded; spinous processes, ribs, tailhead, tuber coxae, and tuber ischi prominent; withers, shoulders, and neck structure faintly discernable.



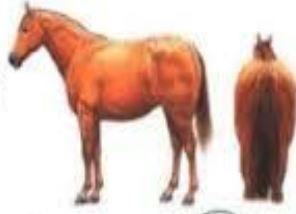
7 Fleshy
 May have crease down back; individual ribs can be felt, but noticeable filling between ribs with fat; fat around tailhead soft; fat deposited along withers, behind shoulders, and along neck.




3 Thin
 Fat buildup about halfway on spinous processes; transverse processes cannot be felt; slight fat cover over ribs; spinous processes and ribs easily discernable; tailhead prominent, but individual vertebrae cannot be identified visually; tuber coxae appear rounded but easily discernable; tuber ischi not distinguishable; withers, shoulders, and neck accentuated.




8 Fat
 Crease down back; difficult to feel ribs; fat around tailhead very soft; area along withers filled with fat; area behind shoulder filled with fat; noticeable thickening of neck; fat deposited along inner thighs.




4 Moderately Thin
 Slight ridge along back; faint outline of ribs discernable; tailhead prominence depends on conformation, fat can be felt around it; tuber coxae not discernable; withers, shoulders, and neck not obviously thin.



9 Extremely Fat
 Obvious crease down back; patchy fat appearing.





ASSURANCE
 Excellence in Equine Nutrition

Horsvold et al., 1985 Illustrations by Japan Racing Association

Body Condition (Total 5 points)	DQ	1 Point	2 Points	3 Points	4 Points	5 Points
	Poor OR Very Thin	Extremely Fat	Fat OR Thin	Fleshy	Moderately Fleshy OR Moderately Thin	Moderate

3.2. Examinations During the Ride

During this inspection the veterinarian shall:

3.2.1. Evaluate the habitus and impulsion of the horse and ask the rider questions on the horse's appetite and water intake. Sleepy looking eyes and droopy ears may be related to fatigue. Loss of appetite and water intake is alarming. Loss of thirst in the dehydrated horse is seen with metabolic fatigue and electrolyte imbalances. Experienced horses will usually stand very quietly at rest. It is important to determine which horses have passed a point of safe and reasonable fatigue. Impulsion: The loss of elasticity, power and length of stride are proportional to muscle fatigue and often moderately deteriorate over the ride. Electrolyte imbalances, dehydration and other physiologic disease processes such as exertional myopathy, overheating or glycogen depletion may adversely affect impulsion.

3.2.2. Evaluate the horse's metabolic state (as explained before). Also evaluate:

a. Pulse rate and Cardiac recover index (CRI)

- The maximum pulse rate when presented at the veterinarian during the Event, as well as at the end of the Event is **60 b.p.m**
- The Cardiac Recovery Index, CRI, has proven to be a very useful tool for determining when a horse is becoming overstressed. Its unique value is that it detects problems at their onset, before other indicators register that a danger zone has been crossed. The CRI is used to evaluate the horse's ability to recover at the time of inspection, and gives a good indication of the horse's ability to continue with the ride.
- The CRI is performed as follows. The horse's pulse is taken and the time is noted (for example, pulse 60; time = 13:03:07). The horse is then trotted in hand approximately 40 metres away from a point and then turned around and trotted back. During this trotting the veterinarian also evaluates the soundness of the horse. After 60 seconds have passed from the initial pulse taking the pulse is rechecked
- The CRI is indicated on the veterinary card as 60/60, 56/62, 48/52 or 44/44, etc.

INTERPRETING CRI:

- If the pulse has increased the second time it is checked, there is cause for concern. While a four beat per minute increase (60 to 64) is not alarming, as the increase grows so should concern. A 60 to 68 reading, for example, would be fair warning that the horse is in enough distress that continuing the ride would be risky. If the veterinarian gets a poor CRI reading, he must ask the rider to come back again for a compulsory re-examination before departing on the next loop. At that time the CRI would be

repeated, and unless it has normalized, the horse would probably be eliminated from the ride. The veterinarian would most likely evaluate the horse as a whole before making this decision, but poor metabolic readings or lameness inevitably seem to accompany a poor CRI.

- If the pulse rate is lower or equal to the first pulse rate it is an indication that the horse still recovers well and is capable of continuing with the ride
-
- b. Evaluate the gut sounds of the horse. Loss of gut sounds usually is an indication of exhaustion. The diversion of blood from visceral to muscle circulation can cause diminished gut sounds or even a complete ileus. Reduced gut sounds and absent gut sounds in a horse with other abnormalities is a concern and these horses should be monitored and brought back for re-examination before departing on the next loop to determine if the horse can continue. Hyper-motile gut sounds can be a prelude to an ileus. The reflex/tonus of the anal sphincter should be evaluated when gut sounds are absent. Findings are to be assessed relative to all other parameters that are evaluated
 - c. Thumps: (when the muscles of the flank contract at the same rate as the heartbeat). Thumps are an indication of electrolyte imbalance, and a reason for elimination.
 - d. Check for signs of disease or exhaustion (including, but not limited to, dehydration, excessive sweating, muscles tremors or spasms or cramps, glassy eyes, staring, colic, mild abdominal pain, reluctance to move) and, if indicated, refer the horse to the treating veterinarian. Diarrhoea leads to loss of fluids and electrolytes and horses with severe diarrhoea shall be eliminated. Increased skin tent, scant sweat, dry, injected mucous membranes and sinking of the eyeball are all signs of dehydration
 - e. Check Anal Tone: The muscle tone of the anus is tested by pinching the area around the anus lightly and observing whether the anus sphincter contracts. Loss of anal tone is a sign of fatigue. As with other parameters, sluggish anal tone is indicative of metabolic fatigue and exhaustion.
 - f. Auscultate the lungs and determine the respiratory rate. Respiratory recovery varies with the weather conditions. It is the volume of air being moved per minute that is the critical factor. Under normal cooling conditions, the respiratory rate will subside parallel to and below the pulse rate. Since endurance effort produces high body heat and since horses vary in their response to poor cooling conditions, panting in hot, humid weather can be entirely consistent with optimal performance. Horses showing signs of respiratory disease may not participate in the ride and shall be referred to the treating veterinarian.
- 3.2.3. Check for lesions on the limbs (including brushing and overreach marks), hoof conditions and other abnormalities. There should preferably be no new lesions if any

lesions were detected at the pre-ride examination. Also check for signs of blood anywhere as well as epistaxis. All lesions from tack , over reach etc. must be referred to the Horsemanship Judge for notification and discussion with Rider

- 3.2.4. Check, if the horse started with shoes, whether all these are still in place. Lost shoes shall be replaced before the horse is allowed to continue with the ride. The horse's hall be presented again to the veterinary panel after the shoe was replaced. Signs of lameness shall be dealt with as explained above.
- 3.2.5. Also palpate the back to determine whether it is overly sensitive or painful. . Feel the muscles lateral to the spine for areas of hardness and pain as this can be an area where we find signs of tying up. Palpate the gluteal muscles for any signs of stiffness/hardness.
- 3.2.6. Evaluate soundness as explained before.
- 3.2.7. Codes to be used

Codes : **RET**-retired after successfully passing vet gate(gets distance awarded ONLY). **FTQ**- failed to qualify ,always with a reason : **GA** - irregular gait, **MI** - minor injury, **SI**- severe injury, **CI**- catastrophic injury, **ME** – metabolic **DNF**- Did not finish (lost on course, separated from horse, lost etc) **DQ**- rule violation

3.3. Evaluating a Stressed, Fatigued and Dehydrated Equine

The single, most difficult decision a veterinarian will be called upon to make is to read and eliminate an equine that is too poor to continue. A proper examination leading to a proper assessment of the situation, reinforced by relevant comments, will satisfy this area of the veterinarian's responsibility. Signs of this include, but are not limited to:

- High pulse and respiratory rates that will not return to safe levels within 20 minutes.
- Elevated body temperature
- Muscular weakness, often combined with quivering muscles and loss of coordination.
- Absence of gut sounds.
- Relaxed anal sphincter, relaxed penis
- Colic
- Thumps
- Inability to urinate, dark urine
- Dark, red mucous membranes.

- Very dry gums.
- Very slow capillary refill
- Glazed eye
- The skin when pinched (at the point of the shoulder) will continue to stand up. This indicates dehydration, but should not be used as the ONLY indicator
- Tying up
- Dehydration

Your ability as a veterinarian, will draw your attention to an excessively fatigued and stressed equine. Then a proper exam, using the above stress and fatigue criteria by a veterinarian, will lead you to a yes or no decision. If the rider feels that he is not happy with his horse, after it has passed the compulsory veterinary examination and it has had a 30 minutes rest period, the rider may request the veterinarian to examine his horse again before departing on the next loop. If there is any concern about a rider's horse before, during or after a ride, the rider must immediately seek veterinary advice.

THE EQUINE'S LIFE AND SOUNDNESS ON RIDE DAY AND PRESERVATION OF ITS FUTURE USEFULNESS ARE THE PRIMARY CONCERNS OF THE VETERINARIANS AND JUDGES OF DRASA

3.4. Requested Compulsory Re-examinations

Re-examinations can also be called for by a veterinarian at any stage. The veterinarian shall note this on the veterinary card, and the horse shall be presented for re-examination not less than ten (10) minutes before departure on the next loop. The horse should be presented for re-examination only in a halter. This re-examination also takes on the same format as the inspections which are performed after completion of each loop.

3.5. Final Examination

3.5.1. The final inspection is the inspection done after the horse has completed the last loop of the distance it was entered for. It takes on the same format as the other inspections performed after completion of the other loops, and the horse shall be fit to continue (as if there was another loop).

3.5.2. Pulse rate at final inspection is maximum 60 b.p.m.

3.6. Fit-To-Travel-Home Examination

3.6.1. All horses shall, after completion of a ride, and before they are allowed to leave the ride venue, be presented to the veterinary panel/commission for a release inspection. During this inspection the veterinarian shall:

- a. Evaluate the horse's habitus and ask the rider on the horse's appetite and water intake.
- b. Evaluate the horse's metabolic state as explained above

- c. Examine the horse for signs of disease.
 - d. If indicated, refer the horse to the treating veterinarian for a full clinical examination and, if indicated, treatment.
- 3.6.2. If the veterinarian is of the opinion that the horse is fit to travel he shall complete a release card and hand this to the person responsible,

3.7. Euthanasia of Horses

If a horse is injured to such an extent that, in the opinion of the treating veterinarian or chief veterinarian or members of the veterinary panel, the horse should be euthanized:

- 3.7.1. The person responsible for the horse or his representative shall give permission for euthanasia of the horse. This should be done in writing, prior to euthanasia being performed. If the person responsible for the horse or his representative cannot be found the veterinarian involved should (if at all possible) obtain a second opinion and if both veterinarians agree that euthanasia should be performed to spare the horse further suffering, the horse must be euthanized
- 3.7.2. The decision on the method of euthanasia lies with the veterinarian involved.
- 3.7.3. Blood samples should be collected (if possible) before euthanasia is performed. Samples should be submitted to the laboratory for analysis.
- 3.7.4. A postmortem examination should be performed (if possible) and histopathology done on the following recommended samples: skeletal muscle, heart muscle, liver, kidneys, lungs and adrenal gland.
- 3.7.5. The cost for the euthanasia as well as the cost for all laboratory tests and disposal of the carcass is for the rider's account. If a post mortem examination was done at a private pathologist, the costs incurred for this post-mortem are also for the rider's account.

Appendix A

OWNER/ MANAGER DECLARATION

I, the undersigned manager/ owner of the horse/s described below, declare that in signing this document I confirm that I understand that the horse/s described will only participate in competitions within the AHS surveillance or free zones of the AHS controlled area until the African horse sickness vaccinations are up to date.

I acknowledge that I may not enter any competition or event within the AHS protection zone or infected zone of RSA until the AHS vaccinations have been administered legally, by a veterinarian to the horse/s in question. I have acquainted myself with the relevant geographic locations of such zones according to the map provided at goo.gl/z2nbDw.

Horse Name on passport	Passport number	Microchip	Year of Birth

Owner/ Manager

Signature

Date

Permission is hereby requested for the participation of the under mentioned horse/s residing at, in, to attend shows in the African Horse Sickness Surveillance zone despite the fact that their African Horse vaccinations have lapsed. In compliance with the Animal Diseases Act, 35 of 1984, equines in the AHS surveillance and free zones may not be vaccinated against AHS without permission from State Vet Boland.

State Veterinarian

Signature

Date