

Equine NEWS

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When a Horse Founders

There are many causes for a painful and sometimes life-threatening foot condition in horses called founder. It can happen at any time, but this problem is most commonly seen during the spring.

Founder, more technically known as laminitis, describes the swelling of the laminae inside a horse's hoof. The laminae make up a narrow section of connective tissue that suspends a horse's coffin bone within the hoof wall.

When the lamina becomes injured or inflamed, the bone attachments to the hoof wall become weaker. Pressure from the horse's weight, as well as the pull of the deep digital flexor tendon, can cause the coffin bone to become displaced, either by rotation or sinking within the hoof capsule. Laminitis is an incredibly painful condition for the horse.

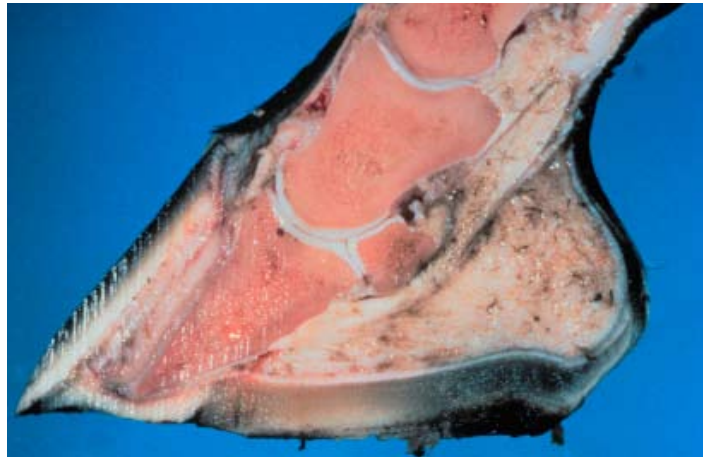
This condition can result in a permanent problem for a horse depending on how far the coffin bone sinks or rotates. In fact, "founder" is a maritime term that means to sink or fail. In severe cases, the coffin bone sinks far enough to penetrate and protrude from the sole of the foot.

CAUSES

Laminitis results from a variety of physical and metabolic causes. In the spring, the condition can be triggered when horses or ponies gorge on lush spring grass that is characteristically high in sugar content. Certain types of colic are also more common in the spring, which can trigger laminitis due to endotoxins released from certain bacteria that travel throughout the body.

During foaling season, mares with complications from a retained placenta may suffer laminitis due to endotoxins. Other causes include horses that are fed too much grain or have a sudden change in diet, are given water when overheated, have lameness in one foot that causes them place excessive weight on the other foot, or have a high fever.

"Certain horses also have a metabolic syndrome, such as insulin resistance, that predisposes them to

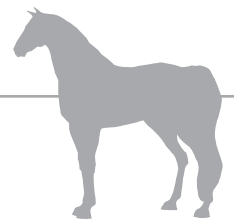


A view of a sectioned hoof with a severe case of laminitis. This view shows the tip of the coffin bone nearly penetrating through the horse's sole.

laminitis, so they generally need to be fed bland diets that are low in carbohydrates," said **Dr. Julie Cary**, a Washington State University clinical instructor of equine surgery and emergency care and board-certified equine surgeon. "It can also occur in obese horses or those that work too hard pounding their feet on hard surfaces, although sometimes the cause is unknown."

Many horses with laminitis have an acute onset of symptoms occurring within 24 to 72 hours of the

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Outbreaks of Equine Herpes Virus Occurring across the Nation

There are many strains of equine herpes virus 1 (EHV-1) that may cause a flu-like respiratory disease, abortion in pregnant mares, and in some cases, neurological disease in horses.

EHV-1 is not a new virus and is not normally deadly. The same is true for a similar virus called equine herpes virus 4 (EHV-4), which causes respiratory illness. But certain strains of EHV-1 that affect a horse's spinal cord seem to have resulted in more prominent and frequent outbreaks and more serious problems in horses during the past few years. These outbreaks are particularly significant because this neurologic form of the disease, which can lead to paralysis and death, cannot be prevented through vaccination.

This past winter, racetracks in Florida and California implemented quarantines for several weeks on thousands of horses sent to compete there after multiple cases of EHV-1 that caused neurologic disease occurred and resulted in the death of several horses. Last year, tracks in New Jersey, Kentucky, and Maryland also experienced outbreaks of the disease.

Equine herpes virus is highly contagious. This makes it a concern for horse shows, events, farms, and clinics with a high volume of horse traffic. The most recent outbreaks caused horses to experience signs that varied from mild respiratory infections to occasional cases of severe neurological disease.

"It is a complicated disease," said **Dr. Debra Sellon**, a Washington State University board-certified equine internal medicine specialist and professor. "Once infected, most horses carry the virus in a dormant state for the rest of their life. As many as 80 percent of horses in the United States have some latent strain of equine herpes virus, but there is no easy way to identify them.

"The virus can be latent in a horse for its entire life. But when the horse is under stress, such as from competition or travel, the virus begins to replicate, is shed in nasal secretions, and other horses can be exposed and infected without the original horse becoming sick itself," she explained. "Outbreaks probably represent new infections with a virulent strain of EHV-1 that occur in a large number of horses over a short period of time."

EHV-1 spreads easily through the air from nasal and respiratory secretions that can travel up to 35 feet away and survive a wide temperature range. The virus may survive for three to four weeks in the environment without a host. It spreads in much the same way that seasonal flu is spread among humans, although humans cannot contract equine herpes virus. Unfortunately, people can help spread EHV-1 to other horses through the use of contaminated equipment like buckets and brushes, and from exposed shoes, clothing, and hands.



The virus incubates in a horse for about four to twelve days before it becomes sick. Once the horse becomes sick, it can shed the virus and serve as a source of infection for other horses for up to ten days.

Horses that experience the respiratory form of EHV-1 may have a fever of about 102.5 degrees Fahrenheit or greater, nasal discharge, and a cough. The signs may be minimal and last only a short time, and in some cases, an increased rectal temperature is the only symptom displayed. Pregnant mares that contract the disease may spontaneously abort their fetus within a week to several months after being exposed.

Horses that contract a strain of EHV-1 that causes neurological disease may experience a sudden lack of muscle coordination, an inability to empty their bladder, and tail weakness. Most horses survive and return to normal function after several months, but in some cases, the horse becomes recumbent and paralyzed. The prognosis is often poor in those cases.

If a horse is suspected of having EHV-1, it should be removed to an isolated place to prevent the spread of disease to other horses. Horses already exposed to the sick horse should also be quarantined. People who handle sick horses should practice sanitary measures to minimize the risk of infecting other horses.

A veterinarian should also be contacted to examine and treat sick horses. Veterinarians can make a definitive diagnosis of EHV-1 by collecting appropriate samples and submitting them for laboratory testing. The veterinarian can also supervise and advise owners and trainers on appropriate quarantine procedures.

"There is no cure for EHV-1, and treatment is largely supportive," Dr. Sellon said. "There are one or two anti-viral drugs that are showing some promise in horses, but they are expensive.

"There are vaccines that will prevent the flu-like symptoms and abortions caused by EHV-1, but they will not prevent neurologic disease," she said. "But the vaccine will decrease the amount of virus a horse sheds in its nasal secretions. If that horse does develop neurologic disease, they will shed fewer virus particles and be less likely to spread the disease to other horses. For this reason, I strongly recommend routine vaccination of horses of all ages for equine herpes virus. There are a variety of vaccines available. Owners should contact their veterinarian for advice and recommendations about a vaccination schedule most appropriate for their horse."

For more information about EHV-1, contact Dr. Debra Sellon at 509-335-0733 or the WSU Veterinary Teaching Hospital at 509-335-0711. 🐾

Postpartum Care for Mares

Mares can rebreed fairly early after birthing compared to most animal species. For brood mares expected to produce a foal every year, the average time between pregnancies is ten days to two weeks.

For this reason and others, postpartum care is critical for a mare. Not only does it help ensure her health and chances of conceiving again, but also helps ensure the well-being of her foal.

“Anything that bothers the mare will jeopardize her behavior and relationship with the foal,” said **Dr. Ahmed Tibary**, WSU associate professor and large animal theriogenologist (reproduction specialist). “There is normal maternal-foal behavior established in the first hours after birth that is very important for the livelihood of the foal and the transmission of passive immunity through colostrum. Whenever the mare is compromised, the foal becomes immediately compromised as well.

“There are some principles regarding postpartum care that every breeder should be aware of, no matter how normal the foaling may appear,” he said. “Ideally, it is best if an owner can attend the foaling and observe the birth because that is where most problems begin. But even if the foaling was not observed, one has to make sure that everything is normal with the mare, including her behavior—that she is bonding with the foal, not acting overly painful, colicky, or kicking at her belly, and that she is eating and drinking. It is also important to check her vital signs, such as temperature (between 99 and 101 degrees Fahrenheit) and heart rate (ideally slower than 50 beats per minute), that her mammary glands are clean and that she is producing enough colostrum (16 to 32 ounces) and milk, and that she delivered near her due date.”

Another key element of postpartum care is to make sure the mare’s after-birth or placenta is normal and completely eliminated within three hours after foaling. If the mare retains any portion of the placenta, she is at risk of developing a uterine infection and endotoxemia. This condition can become life threatening and cause systemic problems such as colic and laminitis.

“The placenta is also a very good indicator of the environment of the uterus. If the placenta shows any lesions, that can indicate an infection called placentitis. This would mean the foal would need further attention due to risk of septicemia,” Dr. Tibary explained. “It can also tell us a lot about whether there were twin pregnancies or other abnormalities, such as insufficiency of placentation. It is best if a veterinarian examines the placenta because some lesions can easily be missed and the consequences can be very serious.”



In fact, because placental retention and other problems may not be obvious from a mare’s outward appearance, a veterinarian should perform a vaginal exam within 12 hours after foaling.

A third part of postpartum care is to examine the foal. An owner or veterinarian can take the foal’s vital signs, make sure it is getting enough colostrum, and that it is standing, nursing, and displaying normal behavior.

“We usually like foals to be really active as they drop, and then be in a sternal position within 15 minutes,” Dr. Tibary said. “They should be standing and nursing within an hour to two hours, and pass meconium or the first feces within 12 hours after birth.”

To help prevent infection, an owner should also dip the foal’s umbilicus or navel in a disinfectant solution several times after birth. One good disinfectant is a 0.5 percent chlorhexidine solution.

Owners can observe and be involved with the foal and mare postpartum, but should be careful to not interfere too much because it could compromise the mare-foal bonding process. Part of normal maternal behavior includes protecting the foal, so even a gentle mare needs space with her foal.

If the mare and foal are doing well the first day or so postpartum, it is essential to provide the mare with exercise and access to a paddock to help her uterus “shrink” or involute and eliminate fluids. She should also be fed quality feed that will prevent constipation. Observation should continue throughout the next 10 to 14 days to guard against complications such as colic.

Once the mare comes back into foal heat, a veterinarian should perform a pre-breeding exam to ensure she is ready to conceive again.

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West Nile Virus Appearing in Washington Horses

In 2002, Washington confirmed its first two equine cases of West Nile virus in Pierce and Thurston counties. The disease was not seen again until 2005 when one positive horse was found in Yakima County. In 2006, six cases were confirmed, the first during August in a horse from Yakima County. By the year's end, four others were diagnosed from Yakima County and one from King County.

Nationwide, there were 1,035 equine cases of West Nile virus reported in 2006, with 338 occurring in Idaho, 35 in

Oregon, and 24 in Montana, according to data from the United States Department of Agriculture. The disease kills approximately one-third of infected horses, although most survive without complications. Most cases occurred from August through October.

"Since 2000, the disease has gradually moved westward across the United States," said **Dr. Debra Sellon**, a professor and board certified specialist of equine medicine at the Washington State University College of Veterinary Medicine. "Each year the number of equine cases has been highest in the states at the western-most edge of the virus spread. Last year was Idaho's year. Next year it may be Washington's turn."

Three people in Washington developed disease due to West Nile virus infection, as well as 69 in Oregon and 34 in Montana, but no deaths occurred. In contrast, 984 people in Idaho contracted the disease, 14 of whom died.

Fortunately, about 80 percent of people infected with West Nile virus develop no symptoms, and about

20 percent experience mild flu-like symptoms, according to the Centers for Disease Control. Less than one percent of people bitten by an infected mosquito will become severely ill with inflammation of the brain or surrounding tissues called encephalitis or meningitis, respectively. Currently, there is no vaccine available for human use, although researchers are working to develop one.

NEW EQUINE VACCINE AVAILABLE

For horses, there are presently three vaccines approved as aids in the prevention of West Nile virus, one of which was released last year. Because the fatality rate is so much higher in horses than humans, it is recommended that horse owners vaccinate for the disease and incorporate yearly booster shots as part of a routine vaccination program.

"The three vaccines for West Nile virus are a little different from each other, so horse owners should talk with their veterinarian about the best one to use for their particular horse," Dr. Sellon said.

"The first time a horse is vaccinated for the disease, the vaccines available through Fort Dodge (West Nile-Innovator®) and Merial (RecombiTEK®) are applied in a series of two or three shots over several weeks," she said. "The new vaccine produced by Intervet (PreveNile™) requires only one injection the first year, so immunity is established faster. But each of the three vaccines requires an annual booster shot for a horse to remain immune. The annual booster is generally best given just before the start of mosquito season."

SIGNS OF THE DISEASE

West Nile virus is a mosquito-borne disease that can cause inflammation of the brain and spinal cord in humans, horses, and birds. Some other animals are affected to a much lesser degree, including bats, cats,

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WSU Veterinary Teaching Hospital Switchboard

Main Hospital Switchboard and Emergencies.....509-335-0711
Equine Appointments.....509-335-0711
Agricultural Animal Appointments.....509-335-5377
(Non-Theriogenology)
Theriogenology (Equine and Ag Animal).....509-335-0741
Small Animal Appointments..... 509-335-0751 / 509-335-0752
Dean's Office.....509-335-9515

Department Chair509-335-0738
VTH Fax Number.....509-335-3330
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Pet Partnership Program.....509-335-4569
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Check out our equine Web site at www.vetmed.wsu.edu/depts-equine
or the WSU Veterinary Teaching Hospital Web site at www.vetmed.wsu.edu/depts-vth/equineServices.asp.
Also feel free to call 509-335-0711 for **equine appointments** or **emergency care**.

WHEN A HORSE FOUNDERS, *continued from page 1*

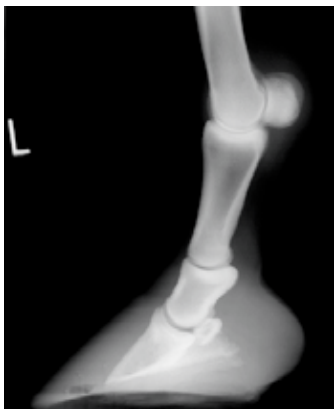
laminae being affected. Signs include stiffness, unwillingness to move, and rocking back and forth on the back limbs to get weight off the forelimbs. Horses may also look like they are “walking on egg shells.”

“The signs can occur very rapidly, and within a day, the horse can get so uncomfortable it won’t want to move,” Dr. Cary said. “Horses generally get laminitis in both front feet, but it can happen in all four or on one side. The pulse in the affected feet will be dramatically higher. Normally a pulse can be felt in the foot, but it is not strong. With laminitis, you can feel a ‘bounding’ digital pulse in the affected feet that is throbbing and painful for the horse. It can be compared to the pulsing of blood in a person’s thumb after being hit with a hammer.

“Heat in the feet is another sign,” she said. “The affected feet will feel warmer than normal or warmer than the other feet. After a case of laminitis, oozing might also be seen from the top of the hoof, which is a very bad sign.”

If an owner suspects his or her horse is suffering from laminitis, it is best to contact a veterinarian who can make and confirm a diagnosis with radiographs or x-rays of the feet.

“In an unaffected horse, the front of the hoof wall and coffin bone should be parallel,” Dr. Cary said. “If the horse has laminitis, the coffin bone will point downward from the hoof wall. If there is sinking, the whole coffin bone will be lower in the hoof capsule. In the worst situation, the coffin bone can come out of the bottom of the sole, but this doesn’t happen in most cases.



(Left) Radiographs (x-rays) of a horse's hoof that developed laminitis after having a joint infection in the opposite leg. The radiograph on the left shows the hoof wall and coffin bone are not close to parallel as they should be normally. Note too, that the tip of the coffin bone is nearly penetrating the sole of the hoof. Additionally, there is a darker area at the toe that indicates gas and fluid is present.



(Right) The image on the right is of the same hoof after being fitted with a special shoe to decrease the tension of the deep digital flexor tendon on the coffin bone. Additionally, a treatment plate was applied that covered the whole sole. This allowed WSU equine veterinarians to treat the area where the coffin bone penetrated the sole, and prevented the horse from bearing weight directly on the area.

“If it does, it can be life-threatening to a horse,” she said. “Many horses in this condition are euthanized for humane reasons because it is so painful for them.”

TREATMENT

Generally, the first step veterinarians take after diagnosing an acute case of laminitis is to try to manage the horse’s pain with drugs such as phenylbutazone or more potent drugs available through veterinary prescription.

“We also tape foam padding to the feet to provide cushioning and pressure on the sole, and to help the horse avoid concussion,” Dr. Cary said. “The shoes are left on as well for the first couple of days. Sometimes, wet sand can be put in a stall to help.

“For horses that we know are sick, we use ice to decrease the blood flow to the area to reduce the chance of toxins settling there,” she said. “After time, vasodilators may be used to open vessels in the foot and increase the blood flow to the area to help the lamina tissue heal faster.”

Recovery time is highly variable and uncertain for horses with laminitis. It can last from a few days to a lifetime, depending on how damaged the laminae becomes.

“If there is significant sinking, it may take up to a year to bring a horse back into work,” Dr. Cary said. “If the horse has a metabolic problem, laminitis can flare up at anytime, which can be really frustrating.”

Some horses that have had laminitis may only get it once, but they will always be more prone to developing the condition again. Veterinarians can work with owners to help manage horses that have had laminitis or have recurrent or chronic episodes of it, and can identify risk factors and initiate therapies to help prevent it.

“Special shoes are available for horses with laminitis, but it is really important that the veterinarian and farrier work together and monitor the horse,” Dr. Cary said.

“Laminitis is not an uncommon condition in horses, and every owner should be aware of the causes and signs,” she said. “Owners can help prevent it by gradually introducing horses to young, tender spring grass, or if a horse has had laminitis before, wait until the grass is tall or don’t put the horse out at all.

“It is also best to call a veterinarian immediately if a mare that foaled has a retained placenta more than three hours after giving birth, or is displaying signs of colic or diarrhea,” she said. “Laminitis may also be prevented in horses that are obese with abnormal fat deposits, which can indicate insulin resistance. If this is the case, a veterinarian can recommend a diet and exercise plan best suited for that horse.”

Other preventive measures include avoid feeding horses excessive amount of food, keeping horses at a healthy weight, and storing grain and feed in sealed areas or bins to prevent horses from gorging.

For more information about laminitis, visit www.myhorsematters.com, or contact the WSU Veterinary Teaching Hospital at 509-335-0711. 🐾

POSTPARTUM CARE, *continued from page 3*

WHAT CAN GO WRONG

Approximately 10 to 15 percent of mares may experience postpartum problems. Retained placentas and uterine infections are some of the most common problems, as well as cervical tears, vaginal bruising and tears, poor milk production, mastitis, and rectal-vaginal tears.

Foal rejection and behavioral problems may also occur more in mares that have given birth for the first time because they may have more pain from bruising, stretching, and nursing soreness. They may also have a higher incidence of insufficient mammary gland development or a colostrum shortage.

Older mares may also experience more bruising and behavioral problems, and are more at risk for serious injuries like ruptured uterine arteries.

Other less common but very serious problems include uterine prolapse, bladder prolapse, bladder rupture, uterine rupture, and uterine hemorrhage. These are all emergency situations and require immediate veterinary examination and often referral to specialized hospitals such as WSU's Veterinary Teaching Hospital.

"These are rare conditions, but a typical scenario that involves one might be an older mare that is shivering, colicky, or acting off a few hours after foaling," Dr. Tibary said. "I wouldn't wait to get help for that mare because she may have severely ruptured arteries with hemorrhage and it is just a matter of hours before she dies."



"If the situation is very alarming, the most important thing to do is to keep the mare calm and place her in a very quiet, dark, and calm environment," he said. "Consult a veterinarian on the phone for either moving or handling her there, and get veterinary help to arrive as soon as possible."

It is often difficult to care for the foal and dam at the same time and every situation needs to be handled differently. Separation from the foal may increase agitation and further

comprise the health of the mare.

Preparations for foaling and the postpartum period starts a year before by properly collecting and storing colostrum and milk in case of an emergency, rather than trying to milk a compromised mare when a situation occurs.

"Postpartum care does not start after the mare gives birth," Dr. Tibary said. "It is a continuum of pregnancy and foaling monitoring, with hopefully someone attending the birth to prevent or get treatment for problems quickly for both the mare and the foal."

For more information about foaling and postpartum care for mares, visit www.myhorsematters.com, or contact Dr. Ahmed Tibary or Dr. Melissa Hines at the WSU Veterinary Teaching Hospital at 509-335-0711. For consultation about postpartum complications or emergency care, contact the WSU Veterinary Teaching Hospital at 509-335-0711. 📞

WEST NILE VIRUS, *continued from page 4*

chipmunks, skunks, squirrels, and domestic rabbits.

The disease cycle starts when mosquitoes bite infected birds capable of migrating long distances. The mosquitoes become infected and pass the virus on when they bite other birds, horses, humans, or other mammals. Once exposed, horses may show signs of West Nile virus in less than a week. The horse is a dead-end host, meaning if mosquitoes bite an infected horse, they will not pass it on to other horses, birds, or humans.

"One of the reasons that the Yakima area is affected is because it follows a major migratory route for birds traveling from Oregon," Dr. Sellon said.

Lethargy or lack of energy, low-grade fever, hind-quarter weakness, involuntary muscle twitching, loss of coordination, convulsions, paralysis, and coma are all signs that a horse may be infected with West Nile virus. Horse owners should contact their veterinarian if they notice any symptoms of the disease.

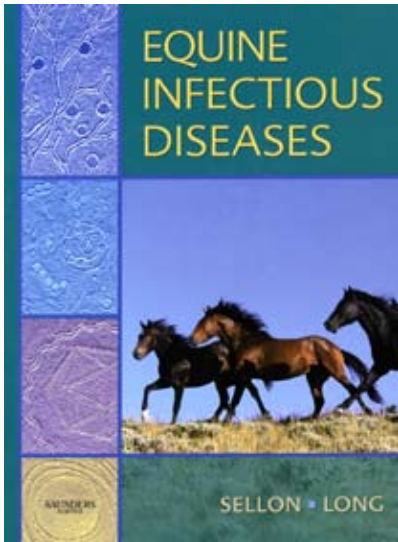
Vaccinations can help prevent or decrease the severity of the disease, but owners can also help prevent it

through mosquito control. It is especially important to eliminate stagnant water around a property and enclose horses in a barn at dawn and dusk when mosquitoes most actively feed. There are also a variety of measures to control mosquitoes inside barns, such as repellants.

Unfortunately, it only takes one mosquito bite to cause infection in a horse, but veterinary attention can be worthwhile for horses that contract the disease. There are no specific drugs to treat or kill the virus, but good supportive care and the use of hyper-immune plasma with high levels of antibody to the virus may help sick horses.

More information about West Nile virus can be found on the WSU College of Veterinary Medicine Web site at www.vetmed.wsu.edu, the Center for Disease Control Web site at www.cdc.gov/ncidod/dvbid/west-nile/index.htm, or at the USDA Web site at www.aphis.usda.gov/vs/nahss/equine/wnv. Horse owners who have questions about West Nile virus can also call the WSU Veterinary Teaching Hospital at 509-335-0711. 📞

Equine Infectious Disease Book Available for Veterinarians and Horse Owners



Recently, a WSU equine professor and former WSU veterinary assistant professor authored a book about equine infectious diseases designed for veterinarians and veterinary students, but it can also be useful for horse owners.

“There really wasn’t a text on the market covering equine infectious diseases before this,” said **Dr. Debra**

Sellon, a WSU professor and equine internal medicine specialist who coauthored the book with **Dr. Maureen Long**, also board-certified in large animal internal medicine. Dr. Long earned her doctorate in 1998 at WSU and is currently on the faculty at the University of Florida.

“Because these issues are becoming more and more important, and we had been active in research for years, we decided to write the book,” Dr. Sellon said.

After three years of work, the book contains 72 chapters that cover the diagnosis, treatment, and prevention of infectious disease in horses. Also included are chapters on individual diseases caused by viral, bacterial, rickettsial, and parasitic infectious organisms. It addresses ways to prevent and control infectious disease outbreaks with coverage of epidemiology, biosecurity, antimicrobial therapy, and how to recognize foreign equine diseases. There is also information about the public health importance (potential for spread of disease to humans) for each disease.

“It was written for veterinarians and students, and is a bit technical, but it has detailed information on how to prevent diseases on farms, contains a lot of color photographs of various diseases, and has vaccination protocols that many horse owners may find useful,” Dr. Sellon said.

The book is published by Elsevier and is currently available for purchase at Amazon.com. 📖

WSU Veterinary Student Awarded \$2,500 by Equine Practitioners

Katie Seabaugh, a senior in Washington State University’s College of Veterinary Medicine, has been awarded a \$2,500 scholarship from the American Association of Equine Practitioners and the American Livestock Insurance Company.

Seabaugh is one of only eight AAEP scholarship recipients nationwide and is the first to receive this scholarship at WSU since 2000. Each of the nation’s 28 veterinary colleges nominate one senior student for the scholarship.

“I was surprised and pleased to receive the scholarship; it validates all the hard work I’ve put in here for the last four years,” said Seabaugh. She said she will use the funds to pay for her educational needs. One need she pointed out is the cost of professional books that can run as much as \$500 per semester in the senior year.

“Katie is a remarkable student and one of our very best,” said Dr. Gil Burns, associate dean for aca-



demical and student affairs. “She is certainly deserving of this award and we are very proud of her accomplishments.”

Scholarship applicants are required to write two essays. The first should explain why the nominee wants to enter equine practice and specifically answer the question, “What single event most influenced your decision to enter equine medicine?” The second essay should explain why the applicant is deserving of the award and specifically answer the questions, “What characteristics do you believe distinguish you from other applicants?” and “What do you intend to have accomplished in equine practice five to ten years from now?”

A Kalispell, Montana, native, Seabaugh intends to focus her career on surgical care of horses. After graduation this May, she will move on to an internship at Pioneer Equine Hospital in Oakdale, California.

From there she hopes to land an equine surgical residency position at one of the nation’s veterinary colleges. 📖

Equine Behavior and Foal Training Seminars at WSU in April

Renowned equine speaker and author Robert Miller, DVM, will be giving two seminars at WSU on Saturday, April 28, 2007.

Dr. Miller, an equine veterinarian, specializes in horsemanship and teaches techniques regarding equine behavior, horse training, humane horsemanship, and training foals.

The first seminar, "Behavior and Misbehavior of the Horse," begins at 8:30 a.m. and ends at 5:00 p.m. in the Smith CUE Building (CUE 203) on the WSU campus near the veterinary teaching hospital. Tickets are \$50 per person if pre-paid by April 11, and \$60 at the door. Lunch is also available for \$11 per person if ordered by April 11. Tickets are limited and pre-registration is suggested.

There will also be a special evening session on foal training from 6:30 p.m. to 8:30 p.m., for \$10 with registration for "Behavior and Misbehavior of the Horse," or \$20 per person, if pre-paid by April 11, to attend just the evening session.

The seminars, sponsored by Merial®, are a fundraiser for the Palouse Area Therapeutic Horsemanship program (PATH), a public service activity of the Washington State University College of Veterinary Medicine.

"It's not often that a speaker and horseman of Dr. Miller's caliber comes to the Inland Northwest," said Francois Martin, associate director of the Center for Animal Well-Being and head of the People-Pet Partnership (PPP) at WSU. "If you own horses or have an interest in horses, you don't want to miss this opportunity to learn more about horse behavior and how it



Dr. Miller with zebra foal.

applies to training horses."

"As a long-time horse owner and instructor, I feel that understanding horse behavior is essential to safe, effective, and humane horsemanship, whether working from the ground or from the horse's back," added Sue Jacobson, PATH coordinator and certified instructor.

Dr. Miller's training methods encompass the human-animal bond, a key philosophy of PATH and the PPP program at WSU, of which PATH is a part. The PATH program provides recreational therapeutic horseback riding to people with emotional, mental, and physical challenges. Horseback riding gives challenged individuals the opportunity and joy of sitting astride and controlling a horse, while physically strengthening and relaxing their muscles, increasing

joint mobility, and improving balance, posture, and coordination.

WSU's PATH program is a North American Riding for the Handicapped Association (NARHA) Premier Accredited Center. PATH benefits the riders and their families, but also the community members and WSU students and staff who volunteer their time and talents to the program. PATH offers weekly classes.

For more information about the seminar or to register, go to www.vetmed.wsu.edu/depts-pppp/equineBehavior.aspx, or contact Sue Jacobson at 509-335-7347 or sjacobson@vetmed.wsu.edu. For more information about Dr. Miller, visit his Web site at www.robertmmiller.com. 