

# Equine News

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Rick Fredrickson

## WSU's equine "pass"-port

Snow storms, icy conditions, fog, avalanches, rock slides, and other hazardous weather conditions can make traveling Washington's mountain passes in winter a daunting and undesirable task, especially when hauling a sick or injured horse.

Add in sudden road closures and traveling horse owners may really find themselves in a jam. During the 2007–2008 winter season, 588 inches of snow fell on Snoqualmie Pass. Avalanches and car accidents closed the Interstate freeway for more than 175 hours total in both east- and west-bound lanes, according to the Washington State Department of Transportation.

To avoid the elements, western Washington equine clients can choose to use the college's transportation service for horses. The service is also handy for those that can't take time off work to bring their horse to Pullman for advanced veterinary care.

The WSU Veterinary Teaching Hospital has offered this popular service for more than 30 years. For \$315 each way, WSU van driver Rick Fredrickson picks up horses at Donida Farms and Emerald Downs Racetrack in Auburn,

and transports them to and from the veterinary teaching hospital in Pullman.

"Horse owners are really appreciative of this service," says Fredrickson, who has been a driver and equine staff member at the college for more than 20 years. "The horse van is such a convenient service for people on the west side of the state."

Despite the weather, the van runs year-round on an every-other-week schedule, and features a six-horse trailer with a stallion and mare/foal stalls. The college also has boarding arrangements for horses on both sides of the passes in case of severe weather or sudden pass closures.

"I have to chain up a lot in the winter, and once I got stopped on the west side last winter from a pass closure, but we have hold-over places arranged with people in case this happens," Fredrickson said. Luckily for him and the horses, he was able to make it through after a short wait when the pass reopened for a one-hour window, after which it closed again for several days.

"Usually the trailer is full with six horses both ways, and we run it every other week. I have hauled every size

from ponies to draft horses. The stalls in the trailer are extra long, and each horse has a hay bag." Fredrickson admits he sees a lot of tears from owners who are sentimental about seeing their horses off without them. To help pad the separation, "Owners send lots of carrots and treats," he says.

For more information about WSU's equine transportation service, referrals, or directions to the pick-up points, contact Lynette Kinzer at the equine appointment desk at 509-335-0711 from 8:00 a.m. to 4:00 p.m., Monday through Friday.

The main pick-up point for horses west of the Cascade Mountains is at Donida Farms. Directions are posted on the WSU Equine Web site at [www.vetmed.wsu.edu/depts-equine/directions.asp](http://www.vetmed.wsu.edu/depts-equine/directions.asp).

### WSU Equine Transportation Service

**When:** Every other week

**Where:** Donida Farms in Auburn;  
Emerald Downs Racetrack in Auburn

**Contact:** Lynette Kinzer at  
509-335-0711

# Strangles a serious equine disease, but not often fatal

It is not uncommon to hear of an outbreak of strangles in horses. Strangles is a highly contagious equine bacterial disease that can cause serious complications. Due to its contagious nature, outbreaks of the disease periodically occur in large horse populations or in local areas, sending owners scrambling to protect their horses.

One such instance was thought to have occurred in the Palouse region last September. Numerous samples were submitted to the Washington Animal Disease Diagnostic Laboratory (WADDL) for testing, but only one case was confirmed.

Owners are justifiably concerned because strangles is transmitted easily, and can be a drawn-out and unpleasant illness. The good news is that most horses recover from it. "Strangles is a fairly common disease for horses," said Dr. Kathy Seino, a WSU assistant professor of equine medicine who specializes in neurological infectious diseases. "There seems to be a lot of misunderstanding and phobia about it, even though it is a disease that has been around for about 800 years. The first case was reported in 1251.

"It is important that owners know that a majority of horses that get strangles become clinically affected, but recover without any veterinary attention," she said. "People fear it, though, because once you get it in a barn full of horses, strangles spreads easily and causes a lot of clinical sickness. So it is a big pain to manage, and often people don't know how to treat and control it."

The disease is caused by bacteria called *Streptococcus equi* subsp. *Equi*. It is spread through nasal secretions or pus from abscesses that can form to fight off the bacteria. *Streptococcus pyogenes*, or group A streptococcus, is what causes strep throat in humans.

Exposed horses may begin to show generalized symptoms within 3 to 14 days, such as a fever, loss of appetite, cough, and clear nasal discharge. As the disease progresses, horses develop swollen lymph nodes around the throat and a thick, yellow nasal discharge.

"The bacteria often spread to a horse's regional head lymph nodes under the jaw and the guttural pouches, which lie on each side of the back of the throat," Dr. Seino said. As the infection matures, the lymph nodes can become large and painful. Horses may keep their head low and extend their neck outward to relieve some of the pressure and pain.

"Sometimes, the lymph nodes become so large that they block a horse's airways," she said. "This is how strangles got its name. Eventually, the lymph nodes burst like an abscess and drain."

Draining pus can run out of a horse's nose, or sometimes the abscesses rupture through the skin. This pus, or thick whitish or yellow discharge, is highly contagious. Horses often spread it to other horses from nose to nose contact, or through coughing, sneezing, and snorting. People can also inadvertently spread it through contaminated buckets, bedding, feed, clothes, and hands. Caretakers should be sure to sanitize any area or items the sick horse

has had contact with as the bacteria can potentially live by itself in the environment for several weeks.

In addition to hygiene measures, in order to control an outbreak of strangles, movement of all horses on and off the affected premises should be stopped. All horses with strangles and horses that have had contact with these cases should be segregated or quarantined from the unexposed group. Rectal temperatures of the healthy horses should be taken once a day, to detect and segregate any

new cases.

"Many horses begin to recover without treatment within 7 to 10 days after the first symptoms appear, but it is important to know that they can continue to shed the infection to other horses for another 21 to 28 days," Dr. Seino said. "In fact, the main transmission source of strangles is infected horses with sub-clinical signs. So it is imperative to keep these horses quarantined for at least three to four weeks after their clinical signs resolve to prevent the spread of disease. Additionally, we recommend all horses (those recovering from strangles and horses that have

had contact with cases) have three nasal swabs taken for culture or molecular testing which should test negative to *S. equi* before they are allowed out of quarantine. A veterinarian can also take a guttural swab to check for the infection."

## Complications

While the infection often runs its course within a couple of weeks, about 20 percent of horses develop complications from strangles and may need veterinary help.

During their illness some horses may have difficulty breathing due to the enlarged lymph nodes. Veterinarians can help by lancing the abscess and draining the infection, and may use penicillin to help kill the remaining bacteria. Penicillin should only be used in the early stages of strangles or after any abscesses have burst because the antibiotic may prevent forming abscesses from opening and draining, a key to recovery.

In some horses, the infection spreads beyond the lymph nodes in the throat to lymph nodes in other body cavities like the abdomen, lungs, and brain. This complication, referred to as bastard strangles, often develops weeks after the initial infection seemed to resolve. Though rare, fatalities can occur in this instance, especially if the lymph nodes burst in the brain or lungs.

"Another complication is called purpura haemorrhagica, in which horses develop fluid swelling or edema in their lower limbs from acute inflammation of the blood vessels," Dr. Seino said. "It can be severe enough that the blood flow is compromised to the skin and the skin begins to slough off." In some cases, purpura haemorrhagica is fatal. Another complication is muscle tissue inflammation called myositis.



**Thickened infected material called chondroids was surgically removed from the guttural pouch of a horse with a chronic infection due to strangles. This is one complication strangles can cause.**

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While most horses will not develop complications and recover without any treatment, it is helpful to involve a veterinarian to make a definitive diagnosis and instruct owners on how to quarantine, care for, and clean up after a horse with strangles. He or she can also make a horse more comfortable during the most painful aspects of the illness, treat any major complications if or as they arise, and take cultures to test horses before they are released from quarantine.

### Prevention

Any horse can become infected with strangles. Younger horses less than five years old are most commonly affected. Foals less than four months of age are usually not at risk because they are still protected by passive immunity from their mother's colostrum.

"For horses that have had strangles, it is thought that 75 percent develop a five-year immunity against it or even longer," Dr. Seino said. "Unfortunately, approximately 10 percent of horses that have had the disease become silent carriers that can re-shed the bacteria for months or even years. The vast majority of these horses develop a chronic infection or empyema in the guttural pouches, sometimes with the purulent discharge becoming inspissated or thickened into masses known as chondroids. This potential outcome emphasizes the importance of testing all convalescing horses with a series of

three nasal swabs. Any horse that tests positive for *S. equi* should then have endoscopy of their upper airway and guttural pouches. Treatment of these horses with chronic infection may require multiple flushings of the infected pouches, or if there are many chondroids, surgery may be needed to remove the material."

Basic biosecurity measures can help prevent horses from getting strangles. "If you have a new horse coming to your farm, implement a mini-quarantine by keeping it in a separate area from the rest of your horses for about 14 days and watch to see if the horse develops any illness," Dr. Seino said. "Do this for your own horses as well if they leave the farm even for a short time to a show or breeding farm. If you have a horse recovering from strangles, isolate it and have it tested before it is let near other horses on the farm or travels to any shows."

There are live and killed vaccines available for strangles, but neither provide complete protection. Their main use is to reduce the severity of the disease should a horse become infected.

For more information, contact the WSU Veterinary Teaching Hospital at 509-335-0711 or look online at the American College of Veterinary Internal Medicine's Web site for the ACVIM Consensus Statement on Strangles at [www.acvim.org/uploadedFiles/Consensus\\_Statements/Strangles.pdf](http://www.acvim.org/uploadedFiles/Consensus_Statements/Strangles.pdf).

## Lameness in pregnant mares

Lameness is not an uncommon condition in pregnant mares. But does pregnancy make a horse more prone to lameness?

"Any horse can become lame while pregnant, but pregnancy does not make lameness more likely as a single factor," said Dr. Sarah Sampson, a WSU clinical instructor of equine surgery and orthopedic sports medicine. "They can step on a nail, cut themselves, or become injured in the pasture just like any other horse. But a lot of mares become brood mares because they were performance animals that became injured and were retired. Often these horses may have preexisting conditions before being bred like osteoarthritis, navicular syndrome, tendonitis, or suspensory ligament injuries."

Such problems can become aggravated as the mare gains weight throughout her pregnancy, usually up to 200 pounds of extra weight at term from the foal, placenta, and gestational fluids.

"The weight gain mares experience through pregnancy makes it harder on their joints, tendons, and ligaments, and it can become harder for owners to manage any preexisting condition," Dr. Sampson said. "A lot of times, brood mares don't have the same management during pregnancy; for instance, some owners may decide to stop shoeing their mare while she is pregnant. Some mares with preexisting lameness issues may need to be kept in shoes and their medication continued, although medication changes may need to be made during pregnancy."

It is always best to have a breeding soundness evaluation done before mares are bred regardless of their past medical history. This



should include a reproductive tract examination to make sure she is healthy enough to sustain a pregnancy and a physical and lameness examination to make sure the mare is in good shape systemically and orthopedically. A veterinarian can recommend a management plan and proper medication if needed.

If a mare is not sound enough to carry a foal throughout pregnancy, embryo transfer can be an option for some breeds. Embryo transfer is a procedure in which the fertilized egg of the desired mare is implanted in another healthy mare's uterus to carry to term. This can also be an option for owners who would like a foal, but also want to keep their mares in competition.

"There is no reason to keep a pregnant mare from competition or pleasure riding in the first half of pregnancy if she is used to those activities and is healthy," Dr. Sampson said. "If they are ridden late in their pregnancy, they may become more prone to injury due to the increased weight, and the work will become harder for them physically. If a mare was inactive before being bred, pregnancy is not the time to start training."

Breeding soundness evaluations and embryo transfers are offered through WSU's theriogenology service at the Veterinary Teaching Hospital and lameness evaluations are offered through the equine surgery service. For more information or to make an appointment, contact the hospital at 509-335-0711 or the theriogenology service at 509-335-0741.

## Equine embryo transfer an involved but viable breeding option

Horse owners with a mare that can't carry a foal to term need not give up on the idea of getting a foal from her. One solution is a breeding technique called embryo transfer (ET). The process involves taking a fertilized egg from the desired mare and implanting it into another healthy mare's uterus to carry to term.

ET is also an option for owners who would like a foal, but want to keep their mares in competition. Depending on a horse's registry, it is also a way that valuable mares can produce more than one foal a year.

"ET is actually a routine technique in equine veterinary practice," said Dr. Ahmed Tibary, WSU professor, large animal reproduction specialist, and head of the large animal theriogenology program at the WSU College of Veterinary Medicine. "It can be used as an infertility treatment, or for mares with severe lameness, metabolic disorders, or other health disorders for which pregnancy may be too risky. But most people use ET for performance horses, such as show, polo, dressage, or jumping horses. It is widely used in Argentina and throughout South America."

While the technique may be routine, it is quite involved. "It is a case-by-case situation. The key to success is getting a healthy embryo, and finding a healthy and reproductively sound recipient mare that can carry the embryo and is ovulating at the same time as the donor mare," said Dr. Tibary, who has performed ETs in horses since 1985.

The ET process begins like any other pregnancy. First, the donor mare should have a breeding soundness evaluation to evaluate her ability to ovulate and produce a fertilized embryo. Then she should be monitored during the cycle and bred close to ovulation to increase the odds of pregnancy and getting a viable embryo.

"The chance of getting an embryo in the first place can be difficult depending on the age and reproductive health of the donor, and on the semen quality and fertility of the stallion used," Dr. Tibary said. "In older mares or those that have reproductive problems, the odds of getting an embryo in a particular cycle may be well below 40 percent. In younger mares with no reproductive problems, there is a 70 to 80 percent chance of getting an embryo. To boost those odds, it is imperative to use high quality semen from a highly fertile stallion, in addition to close ultrasonographic monitoring of the mare in the immediate pre- and post-insemination period and ovulation to address any problems that may arise."

At the same time the donor mare is being monitored for ovulation, several potential recipient mares should be checked for ovulation as well. They should also have breeding soundness evaluations to make sure the recipients are healthy enough to carry the foal to term. The goal is to find a recipient that is ovulating the same day or one or two days after the donor. To help this happen, veterinarians can treat the mares with hormones to synchronize their ovulation. Another option is to use a hormonally prepared ovariectomized mare.

Seven days after ovulation has occurred in the donor, the embryo is flushed out through a Foley catheter inserted through the cervix, using a special protective solution. In most cases, the fresh

embryo is transferred directly to the recipient mare with a conventional non-surgical technique similar to insemination.

"In some cases, you can freeze the embryo until you find a recipient, but the embryo might not survive that type of manipulation and the pregnancy rate drops dramatically unless a specific technique and stage of embryo is used," Dr. Tibary said. "If the embryo is transferred fresh, the chance of success is a lot better. Embryos can also be cooled and shipped to another state where a recipient is located, but the pregnancy rate drops some."

Due to all these factors, ET can be an expensive and frustrating proposition. "If the breeding is done at home, we give a synchronization schedule to the client and the attending veterinarian," Dr. Tibary said of WSU equine clients. "When the time comes for the ET procedure, the donor and recipient mare can be transported to WSU for just one day. If we monitor everything at WSU and breed the mare, the client needs to send the donor and two or three recipient mares for two to three weeks."

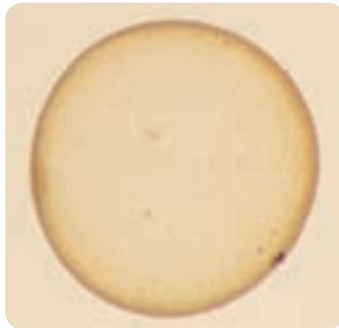
Beyond the ET procedure itself, other costs often include breeding soundness evaluations, hospital boarding fees, hormonal treatments to induce ovulation, semen or stud fees, and the management of mares post-breeding.

"The ET case load at WSU is relatively small," said Dr. Tibary, who has practiced reproductive medicine in the United States and abroad, and managed some of the largest stud farms in Morocco and Abu Dhabi before joining the faculty at WSU in 1998. "Overseas, I routinely did 50 to 80 ETs per year. To increase the caseload at WSU, we need to have a herd of recipient mares. There are several large operations that have recipient herds throughout the Northwest that sell or lease mares. But having a herd of quality recipient mares at WSU would be a big plus for us as a teaching and research institution and an asset for Pacific Northwest breeders and veterinarians.

"ET is currently a part of our teaching program for veterinary students, but there is a lot of research that can be done to further develop ET associated techniques. One is gamete transfer, which is only available at three or four labs in North America," he said. "Having a herd would also help in emergency situations to salvage genetic material from terminal mares, such as ones that had a bad accident or died from colic."

WSU's theriogenology section provides a whole gamut of equine reproductive services including stallion and mare breeding soundness evaluations, infertility treatment, twin pregnancy management, pregnancy and fetal well-being evaluations, obstetrical and postpartum care, semen collection and freezing, and artificial insemination with fresh-cooled or frozen semen.

For more information about ET or other equine reproductive services, contact the WSU Veterinary Teaching Hospital at 509-335-0711 or Dr. Ahmed Tibary at [tibary@vetmed.wsu.edu](mailto:tibary@vetmed.wsu.edu) or 509-335-1963. For those interested in making a donation toward a recipient herd at WSU or the theriogenology program, contact Lynne Haley, director of veterinary development, at 509-335-5021 or [lhaley@vetmed.wsu.edu](mailto:lhaley@vetmed.wsu.edu)



*A 7.5-day-old equine embryo.*

## MRI makes equine diagnosis and treatments more accurate and specific

A definitive diagnosis is essential in treating any problem. When it comes to diagnosing the cause of lameness in horses, the answer can sometimes prove elusive. This happens because horses suffer various injuries and chronic conditions that often simultaneously affect bones, joints, and ligaments.

Just ask Jennie Bouma, owner of Regent, a 16-year-old Hanovarian gelding dressage horse from western Washington. In January 2008, he became acutely lame in his left front foot during training. Bouma took Regent out of work, but by February the horse was no better.

After working with her local veterinarian, Bouma brought Regent to the WSU Veterinary Teaching Hospital to have the horse examined by the WSU orthopedic service and potentially undergo an MRI evaluation. A lameness exam was performed and radiographs were taken of his left front foot, indicating he had chronic osteoarthritis in a joint.

"Regent had obvious left forelimb lameness with a significant head nod when trotting," said Dr. Sarah Sampson, a WSU equine clinical instructor who worked with Regent. "Even with the radiographs, we could not determine why he was so lame on the left front limb. He had mild coffin joint osteoarthritis, but it would be unlikely to cause the acute onset of severe lameness he had recently. Based on his history, we suspected there was another cause of his lameness."

She suggested magnetic resonance imaging (MRI) be taken to provide a more detailed picture of what might be causing the problem. "Owners can become frustrated with the lack of information radiographic or ultrasonographic images provide," said Dr. Sampson, who specializes in MRI for horses. "Owners can spend a substantial amount of money unsuccessfully treating or resting a horse for one problem, when in fact they are really suffering from something that a radiograph or ultrasound didn't find," she explained.

Radiographs are very useful when looking at boney structures, and ultrasound is useful for looking at many of the soft tissue structures. But they are limited in the type and scope of many bone and soft tissue problems they can detect, especially within the foot of a horse.

"The limitations of these imaging modalities have become more evident as we have been able to evaluate more horses with MRI," Dr. Sampson said. "With MRI technology, veterinarians can see tissues at a molecular level, which allows us to see pathologic change that cannot be found in other ways. The images can identify very mild changes in both bone and soft tissue, which enable us to diagnose and treat specific problems early, potentially resulting in a better prognosis for the horse."

In Regent's case, the MRI revealed the source of his recent lameness—a torn deep digital flexor tendon within the left front foot. This resulted in bone damage and inflammation at the tendon's insertion onto the coffin bone. The active bone injury at the tendon insertion associated with the tendon tear was indicative of a recent traumatic event.

"This horse also had other, more chronic issues—he had a subchondral bone defect in his coffin joint that we felt had been

there for quite awhile, but it could not be seen on the radiographs," Dr. Sampson said. "It was most likely the cause of Regent's osteoarthritis in this coffin joint. Unfortunately it was in an area not accessible for surgery, which can sometimes help horses with chronic osteoarthritis due to cartilage and subchondral bone injury.

"The treatment we recommended for Regent was based on his tendon injury, as we thought it was a recent injury and the cause of his severe lameness. He was put on a six-month rest and rehabilitation plan that included at least eight weeks of stall rest and four months of stall/paddock turnout with light riding beginning after four months if his lameness had greatly improved at that point."

Bouma followed Dr. Sampson's recommendations and was even more conservative with stall rest, planning to take a full year to return this horse to work. "I decided to take a more conservative approach, as I know that deep flexor tendon tears can be very difficult to heal," Bouma said.

In June, Bouma's local veterinarian reevaluated Regent and detected just a trace of lameness. Another check-up in August revealed Regent was still slightly lame, but his veterinarian was also aware of the cyst in his coffin joint based on the MRI. Armed with that information, the veterinarian provided relief by injecting medication into the joint and into the navicular bursa. The bursa covers the area of the tendon that was torn on the left forelimb. At this point in his recovery, Regent was turned out into a small paddock fulltime and exercised 30 minutes or more a day. "My veterinarian has hopes that Regent will eventually be sound...this was very good news to me," Bouma said. "I hope Regent's case will provide hope for others in the same situation."

The WSU College of Veterinary Medicine pioneered the use of high-field strength MRI in live horses beginning in 1996, and is one of only a few veterinary hospitals in the world equipped with this technology. Since its installation, over 2,000 horses have been evaluated with MRI at WSU.

"Owners seem to have a good understanding of how MRI can help their horse and many people feel the cost is worth it," Dr. Sampson said. "It is frustrating to try to rehabilitate a lame horse but not know the cause of the lameness, or to treat a horse for one problem with no response and wonder if something else may be going on that has not been identified.

"Most of the time, MRIs allow us to make our treatments more specific," she said. "It can show us where injections would be more helpful, or detect lesions that need to be treated with a rest and rehabilitation plan, or show us problems amenable to surgery. Regent's case proves that if we can obtain an accurate diagnosis, we can treat a horse more specifically and increase the chances of a full recovery."

For more information or to schedule an appointment, contact the WSU Veterinary Teaching Hospital at 509-335-0711.



*MRI image of a horse's foot showing a mass beside the deep digital flexor tendon within the heel.*



*Regent*



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## WSU equine internal medicine scholarship honors dean



**Dr. Warwick Bayly, BVSc, M.S., Ph.D.**

The WSU College of Veterinary Medicine recently established a \$25,000 scholarship to honor the former dean, Dr. Warwick Bayly. The fund will help students following in his footsteps in the world of equine medicine. Dr. Bayly has been at WSU for nearly 30 years and has served as dean of the veterinary college since 2001. Recently, he accepted the position of Washington State University's provost.

While at WSU's veterinary college, Dr. Bayly served as an equine professor, hospital director in Veterinary Clinical Sciences, acting chair of Veterinary Clinical Medicine and Surgery, associate dean for the college's continuing education program, and interim chair of the Department of Veterinary Clinical Sciences prior to his appointment as

dean. In 1995, he was named the first four-year Robert B. McEachern Distinguished Professor in Equine Medicine, and was named Washington Veterinarian of the Year in 2006.

In addition, Dr. Bayly is the past president of the World Equine Veterinary Association, as well as the Washington State Veterinary Medical Association. During his distinguished career, he has established himself as an influential researcher in the area of equine performance.

Originally from Melbourne, Australia, Dr. Bayly earned his veterinary degree from Melbourne University in 1974. He served residencies in equine medicine and surgery at both Texas A&M and Ohio State Universities. While at Ohio State, he earned a master's degree in 1979 before coming to WSU. He was board certified in large animal internal medicine in 1987. In 1999, Dr. Bayly was awarded a doctorate from the University of Liege in Belgium.

"For 30 years, Dr. Warwick Bayly—or 'Waz' as we all know him—has been a force for change and progress in equine medicine while serving as one of the best educators, administrators, and friends to all in this college," said Dr. Richard DeBowes, WSU associate dean of veterinary development and external relations. He is also a fellow equine veterinarian who has worked with Dr. Bayly for many years.

For those interested in supporting equine medicine students or honoring Dr. Bayly's lifetime of achievement, donations are welcome to the Dr. Warwick Bayly Scholarship in Equine Internal Medicine. To make a donation, contact Lynne Haley, WSU veterinary director of development, at 509-335-5021 or lhaley@vetmed.wsu.edu.

## WSU Veterinary Teaching Hospital Switchboard

Main Hospital Switchboard and Emergencies .....	509-335-0711
Equine Appointments .....	509-335-0711
Agricultural Animal Appointments (Non-Theriogenology).....	509-335-5377
Theriogenology (Equine and Ag Animal).....	509-335-0741
Small Animal Appointments.....	509-335-0751
	509-335-0752
Dean's Office .....	509-335-9515
VTH Fax Number .....	509-335-3330
Billing .....	509-335-0711
Pharmacy .....	509-335-0736
Pet Partnership Program .....	509-335-7347
Pet Loss Hotline .....	509-335-5704

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To subscribe to the online newsletter, go to [www.vetmed.wsu.edu/depts-vth/EquineNews/online.aspx](http://www.vetmed.wsu.edu/depts-vth/EquineNews/online.aspx).

Also feel free to call 509-335-0711 for equine appointments or emergency care.