



Cheryl Lopate, MS, DVM

Diplomate, American College of Theriogenologists

Recommendations For Foals

Care should be taken to ensure that an adequate volume of quality colostrum is consumed or fed to all foals during the first 12 – 18 hours of life. IgG levels should be assessed at 12 – 16 hours of age. If levels are less than 800 mg/dl, then either a colostrum substitute or high quality colostrum should be tube fed or plasma should be administered intravenously as soon as possible. Foals over 18 hours of age, with failure of passive transfer, should receive plasma transfusions as the gut sufficiently closes so as not to allow adequate absorption of antibody through the oral route. IgG levels should be rechecked the following day to ensure adequate passive transfer of antibody has occurred since this is the foal's sole source of immunity until 4 – 6 months of age. On endemic farms, hyperimmune plasma for *Rhodococcus equi* and other bacteria may be advantageous in preventing disease syndromes later in life.

Foals should be dewormed monthly until 6 months of age and every 4 – 8 weeks thereafter depending on pasture management and stocking rate. Until 3 months of age, foals should be dewormed with pyrantel pamoate or fenbendazole. At 4 months of age until yearlings, they should be dewormed with ivermectin. Moxidectin should be avoided until at least 12 months of age, and then the dosage must be carefully monitored to ensure overdosing does not occur.

Vaccination for foals should not begin before 4 – 5 months of age. Before that time their immune systems are not mature enough to respond appropriately to vaccinations. Foals vaccinated before 4 months of age should receive extra booster vaccines. All vaccines must be boosted 3 – 4 weeks after the initial vaccination. Strangles vaccine (intranasal) may be boosted a second time (total of 3 in the series) to provide stronger immunity on endemic farms. No more than 2 vaccinations should be administered at any given time. If more than 2 vaccinations are due, one week should be allowed between sets of vaccines. Combination vaccines are acceptable if there are no more than 3 strains per vaccine (i.e. tetanus/eastern/western; or flu/rhino)

Foals should be vaccinated for eastern and western encephalitis virus, west nile encephalitis virus, tetanus, influenza, rhinopneumonitis (respiratory form), strangles, Potomac horse fever and rabies virus. Influenza, rhinopneumonitis and strangles should be administered every 4 – 6 months after the initial series is complete depending on stocking rate and exposure. The encephalitis viruses, tetanus, rabies and Potomac horse fever need only be given yearly after the initial series is complete. After foals reach 3 years of age the benefits of rhino and flu vaccination are questionable.

Foals should be provided creep feed beginning at 3 – 4 weeks of age, through weaning. Protein content of the feed should be 16 – 18 % until weaning and then 16 % until 1 year of age. From 1 – 2 years, protein content of the feed should be 14%. The foals will eat hay and pasture with their dams. Free choice, clean water and trace mineral salt should be available to the mare and foal at all times.

Foals should have their feet trimmed every 3 – 4 weeks, or more often if angular limb deformities or contracted tendons are present.