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VACCINATION GUIDELINES FOR FOALS

This is an abbreviated recommendation protocol for the vaccination of foals. We will provide a basic premise for a vaccination schedule, but these recommendations may change depending on individual circumstances. We will with the “core” vaccination currently adopted by most practicing equine veterinarians. Core vaccinations are considered the bare minimum. In addition to the core vaccinations there are “risk based” vaccinations. These are given to horses depending on their individual risk of being exposed to different contagious diseases.

Core Vaccines:

- **Eastern and Western Equine Encephalomyelitis** (Sleeping Sickness)
- **Tetanus Toxoid**
- **West Nile**
- **Rabies**

Risk Based Vaccines: These are usually given with the core vaccines in the spring

- **Influenza** (Flu)
- **Rhinopneumonitis** (EHV1 and EHV4 respiratory diseases)
- **Strangles**

The core and risk based vaccines listed above, except Rabies, come as individual vaccines or in many different combinations. The more common combinations are a “5-way” or “EWT” which includes Eastern and Western Equine Encephalomyelitis, Tetanus, Influenza, and Rhinopneumonitis. Recently West Nile virus has been added to this combo. Rabies and Strangles are always given separately, strangles not given on the same day as any other vaccine.

The following is our general recommendation for foals born to mares that were properly vaccinated prior to foaling. (This may vary depending on different circumstances.)

Primary three dose series for Tetanus, Eastern and Western Encephalomyelitis, Rhinopneumonitis, and West Nile:

- First vaccinations given at 4 to 6 months of age
- Booster with the same combination of vaccinations 4 to 6 weeks later
- The third dose is given at 10 to 12 months of age as yearlings.

Rabies is a primary two dose series:

- First dose given no earlier than 6 months of age

After the core vaccines, variations between the different groups of horses arise based on disease exposure risks. Your recommended vaccines may include additional doses of Influenza and Rhinopneumonitis and Intra-nasal Strangles. There are other vaccines available and given depending on risk, but these will not be discussed at this time.

On a final note it is virtually impossible to design a comprehensive vaccination protocol for all horses. Thus this has been intended to be a general guideline. It is wise to consult with your veterinarian while developing your own vaccination schedule. Veterinarians have an understanding of what your horse needs for optimum protection, and their knowledge of the different vaccines available will ultimately offer your horse better immunity and protection. There are significant differences in efficacy between vaccines manufactured by different companies.