

## WELFARE & BIOSECURITY

### CHAPTER 7 - WELFARE

Equine Sports Council has a zero tolerance policy towards individuals who put the welfare of animals and/or humans at risk. It is against US Federal law for individuals to witness or participate in the activities that comprise the Welfare of Humans or Animals and not report it to government authorities.

Nothing in these rules shall prohibit show management from refusing entries or prohibiting attendance by persons, to the extent that such refusal or prohibition does not conflict with applicable state or federal law.

#### **WL701 Harassment or Assault**

1. **Harassment** of any kind is illegal in every state and must be reported immediately by calling 911. State and federal police are the only institutions legally permitted to investigate and convict those who commit these types of crimes. We strongly encourage all participants of ESC events to view these educational videos: <https://EquineSportsCouncil.org/safe>
2. **Bullying** by individuals or corporations either active, passive or cyber is not tolerated at any ESC event. 46 of the 50 US states have anti-bullying laws. If you are the witness or victim of bullying at an ESC governed show, please notify the Show Commission or ESC at 1-855-Equine1. For confidential help or advice with bullying issues, [StompOutBullying.org](http://StompOutBullying.org) is the national nonprofit help center.

#### **WL702 Violation of the ESC Drug & Medication Policy**

Constitutes risks to animal welfare and may result in loss of ribbons, suspensions and/or fines.

#### **WL703 Cruelty, Abuse or Inhumane Treatment of Horses**

Individuals at an ESC exhibition may not abuse or inhumanely treat a horse. Any inhumane actions against a horse may constitute elimination from the show, or other actions deemed appropriate by the show officials and/or the ESC upon receipt of reports from the show officials.

#### **WL704 Horse Protection Act**

Equine Sports Council strongly encourages all participants to be knowledgeable and follow the guidelines established in the Horse Protection Act of 1970.

<https://www.congress.gov/bill/116thcongress/senate-bill/1455/text>

#### **WL705 Horse Inspections**

The Show Manager, Show Commission and/or Steward may request a veterinarian to inspect any horse on the grounds should there may be signs of lameness, soundness or animal welfare concerns.

Refusing to allow a veterinarian to inspect the horse may be cause for elimination from the show and/or further action deemed appropriate by the Show Commission upon receipt of reports from the show officials.

**WL706 Prohibited Practices**

Horse shows may ban any person from the show grounds for the following practices, and must be reported to ESC:

1. Use of non-therapeutic agents that cause extreme heat or promote irritation to the epidermis or oral cavities of a horse.
2. Tying a horse in a manner to cause undue discomfort or distress in a stall or trailer.
3. Letting blood from a horse without medical reason to do so.
4. Use of excessive and/or cruel training methods such as: poling or striking horses' legs with objects (i.e. Tack & Apparel poles, jump poles, etc.), striking a horse's head on the poll and forward of the poll except in situations where safety is a concern.
5. Use of any item that materially restricts the movement of the tail resulting in loss of blood circulation.
6. Intentional treatment that causes a horse to bleed.
7. Showing a horse with raw or bleeding sores around the coronets, pasterns or legs.
8. Use of shackles/running-W, hock hobbles or similar devices. Refer to breed/discipline rules regarding the use of stretchers.
9. Excessive spurring or whipping unless an emergency situation warrants.
10. Excessive jerking of reins.
11. Excessive fencing.
12. Excessive spinning as a training technique.
13. Excessive lunging.
14. Exhibiting a horse which appears to be sullen, dull, lethargic, emaciated, drawn or overly tired.
15. Applying excessive pressure on or excessively jerking of a halter lead shank or an allowed lip chain.
16. Signs of recent abuse to a horse's mouth, nose, jaw, or any other area shows signs of broken skin, rawness, or bleeding.
17. Withholding of feed and water for prolonged periods without medical justification for doing so.
18. Soring of any horse to cause pain and/or affect a horse's performance.
19. Inserting or leaving an object in a horse's mouth to cause undue discomfort or distress.
20. Any other treatment or conduct deemed by the Show Commission to be inhumane or abusive

**WL707 Equine Biosecurity Guidelines**

Local, State or governing officials may have specific recommendations based on current infectious disease trends for a specific area. ESC requires that all equine arrivals on the show grounds have current vet certificates (CVI) and vaccination records available for inspection if requested.. Non-compliance to required certificates are subject to Class 1 violations, and not permitted on the show grounds.

Should local government guidelines not be immediately available, ESC recommends the following American Equine Practitioners biosecurity guidelines which can also be found at

<https://aaep.org/sites/default/files/2022-02/BiosecurityGuidelines%20-%20BOD%20-%20Final.pdf>

ESC requires immediate notification of Show Vet when a horse is exhibiting a temperature greater than 101.5, or diagnosed with a potentially infectious virus. Vet must submit an ESC Medical Report with diagnosis (including isolation instructions) and recommendation to remain on the show grounds.

<https://equinesportscouncil.org/info/>

## **Routine Biosecurity Protocols**

### **1. Equine entry onto the premises**

#### **a. Routine requirements**

i. For events or stables, restrict entry to healthy equids only and set policy for refusing entry of equids displaying clinical signs of infectious disease (see Section III.b.iii). Ideally, staff should observe equids upon arrival to confirm animal identification, check health documents and observe equids for general signs of good health. Consideration can be given to the requirement for a recent certificate of veterinary inspection (CVI) and certification by the exhibitor or owner regarding the horse's recent disease exposure history.

ii. New entries to stables where there are long-term resident equids should be isolated from the resident equids for 2-3 weeks and monitored for signs of contagious disease. During this time, equipment should not be shared among new and resident equids, and caretakers should ideally follow protocols described in

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iii. Resident equids returning to their home stable from an event should be fully isolated or at least have their temperatures checked twice daily for at least 1 week to allow early detection of disease.

iv. It is good practice to segregate equids on a facility by use and age. For example, show equids should be segregated from resident broodmares and their foals.

v. Premises may require that equids have documentation of specific vaccinations (See AAEP Vaccination Guidelines for recommendations).

1. For premises with increased public exposure risks, a rabies vaccination requirement is prudent to protect both animal and public health.

vi. Apply animal health standards for other species of animals (e.g., cattle) entering the premises.

1. Recommend housing different species of animals separate from equine populations.

vii. Equids belonging to the same owner or trainer should be housed together with empty stalls between groups of equids if possible.

#### **b. Requirements for entry during local disease outbreak**

i. When an infectious disease outbreak occurs locally, additional restrictions should be applied for animal entry to events or stables.

ii. Restrict entry to equids for which the owner/agent provides a CVI issued within 7 days of arrival at the event venue. A CVI issued 72 hours before arrival is

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optimal. If a CVI is not required, then an owner/agent declaration statement attesting that the listed equid(s) arriving at the premises has/have been healthy with no clinical signs of a contagious disease or body temperature(s) above 101.5°F (38.61°C) for the preceding 7 days may be warranted.

iii. Additional health requirements may be required such as a written statement on the CVI which attests to the equid’s health and exposure status. For example, an additional requirement may include a statement that “The listed equid(s) has/have not been on a premises with a confirmed case of neurologic form of EHV-1 in the preceding twenty-one (21) days” if there is a local outbreak of neurologic EHV-1.

c. Facility records should be maintained on equid movements (entering, remaining on, and exiting the premises), location of individual animals, and equid health status procedures (monitoring and treatment records).

## 2. Equine Health Monitoring

a. Continuous health monitoring of all equids on the premises should be required. This is the key to early identification and containment of infectious disease with minimal disruption.

i. Options include having designated staff performing periodic walkthroughs of stables to directly observe equids for any clinical signs of disease or relying on self-reporting of disease by exhibitors or owners (the requirement for which should be stipulated in entry forms or boarding agreements). AAEP BIOSECURITY GUIDELINES © Copyright AAEP – Revised 2022

ii. Any sign of disease should be reported to the designated individual with the authority to initiate immediate disease control measures, such as isolation.

iii. Requirements at events should include taking equid temperatures twice daily and documenting temperature readings in a log. Consider requiring the posting of a temperature monitoring log on the stall door which allows designated staff to easily perform checks on temperature recordings. To ensure compliance with the equid temperature monitoring requirement, staff should perform random audits of logs.

iv. Owners of equids at boarding stables should be instructed to report clinical signs of disease in their equid to the facility owner or manager.

## **CHAPTER 8 - DRUGS & MEDICATIONS POLICY**

### **DM801 Drug Testing**

The welfare of our show horses is of utmost importance to our industry. It is imperative that the health of the horse comes before any competition. Horse Show Management and ESC have the right to randomly drug test any horse on the show grounds, and may be required by law should there be an animal welfare concern. ESC will provide results of those tests to government authorities where required by law. Notify ESC when animal welfare drug testing is needed by calling 1-855-Equine1.

Any individual that delays, disrupts, impedes or does not cooperate with the drug testing process is assumed guilty of a Class 1 offense.

### **DM802 Medication Classifications & International Standards**

ESC's random drug testing program partners with one of the premiere equine testing labs that follows ISO compliant processing of specimen samples including chain of custody processing. The lab tests for medications that impact the performance of a show horse. ESC commissions licensed veterinarians to perform randomized drug testing. ESC subscribes to ARCI International Standards for classification of drugs proven to impact the performance of a horse.

ESC subscribes to ARCI International & HISA US Federal Classification of medications based on performance enhancing elements and **strictly prohibits use of BANNED medications Class 1 and Class 2 below.**

ESC allows Controlled and limited use of several Class 3 medications, when prescribed by a US licensed veterinarian and requires submission of ESC Medical Report.

ESC permits use of some therapeutic substances in Drug Classes 4 and 5 when used as directed.

ESC Medication Form can be found at:

<https://equinesportscouncil.org/info/>

## **DM803 Banned Medications by Classification of Drug**

**CLASS 1: Stimulant & Depressant** drugs that have the highest potential to affect performance and that have no generally accepted medical use in equines. Many of these agents are Drug Enforcement Agency (DEA) schedule II substances.

These include the following drugs and their metabolites: Opiates, opium derivatives, synthetic opioids and psychoactive drugs, amphetamines and amphetamine-like drugs as well as related drugs, including but not limited to apomorphine, nikethamide, mazindol, pemoline, and pentylentetrazol. Though not used as therapeutic agents, all DEA Schedule 1 agents are included in Class 1 because they are potent stimulant or depressant substances with psychotropic and often habituating actions. This class also includes all erythropoietin stimulating substances and their analogues.

**CLASS 2:** High Potential to Affect Performance, but less of a potential than drugs in Class 1. These drugs are 1) not generally accepted as therapeutic agents in equines, or 2) they are therapeutic agents that have a high potential for abuse. Drugs in this class include: psychotropic drugs, certain nervous system and cardiovascular system stimulants, depressants, and neuromuscular blocking agents. Injectable local anesthetics are included in this class because of their high potential for abuse as nerve blocking agents.

## **DM804 Controlled Therapies by Drug Classifications**

When used responsibly and in a controlled environment, these medications have less potential to affect performance and many are required as health management regimens for equines. The practice of “Stacking” or “Cocktailing” multiple therapeutic medications can be a health risk to horses and will result in suspensions and/or penalties. Please consult with your veterinarian for correct dosing amounts. When using controlled therapeutic medications, an ESC Medication Form must be electronically submitted. Failure to submit an ESC Medication Form may result in suspensions, loss of ribbon/points and/or penalties. Dosing amounts are for guideline purposes.

**CLASS 3: Potential to Affect Performance in equines**, but the pharmacology of which suggests less potential to affect performance than drugs in Class 2. Drugs in this class include bronchodilators, anabolic steroids and other drugs with primary effects on the autonomic nervous system, procaine, antihistamines with sedative properties and the high-ceiling diuretics. **Minimally permitted at ESC events**, see below guidelines.

**CLASS 4: NSAIDs & Similar Therapeutics** that have less potential to affect performance than those in Class 3. Drugs in this class include less potent diuretics; corticosteroids; antihistamines and skeletal muscle relaxants without prominent central nervous system (CNS) effects; expectorants and mucolytics; hemostatics; cardiac glycosides and antiarrhythmics; topical anesthetics; antidiarrheals and mild analgesics. This class also includes the non-steroidal anti-inflammatory drugs (NSAIDs), at concentrations greater than established limits.

**CLASS 5: Localized Therapeutics** only, such as anti-ulcer drugs, and certain anti-allergic drugs. The anticoagulant drugs are also included.

## DM805 - Controlled Therapeutic Administration Guidelines

ESC drug testing monitors for use of Controlled Therapeutics, and ensures that dosing amounts do not exceed Federal guidelines. When a Medication Form is required, Testing positive for a therapeutic medication without a form on file may result in loss of ribbons, suspensions and/or penalties. No other substances or therapies except those listed below are permitted.

### DM805.1 - Use as Directed Therapies - No Medication Form Required

Class 3-5 medications. These therapies are permitted for intended use only. ESC drug testing monitors for levels of misuse especially with medications to control mare hormones and cushings. These medications must be used as prescribed for treatment of the intended condition. Horses testing positive for these medications, without corresponding medical conditions, are subject to loss of ribbons, suspensions and/or fines.

1. **Omeprazole/Ranitidine** - use as directed for stomach ulcers
2. **Pergolide/Prascend** - use as directed for Cushings
3. **Isoxsuprine** - 1600 mg/1000LB, 4 hours before competing, navicular laminitis
4. **Mare Hormones** - suppression of estrus, use as directed in **MARES ONLY**
5. **Electromagnetic, PEMF therapies** - use as directed
6. **Shock Wave Therapy** - allowed 48 hours prior to competing
7. **EPM treatment** - use as directed

### DM805.2 - Controlled Medications - NSAID

**Medication Form Required:** [EquineSportsCouncil.org/INFO](https://www.equinesportscouncil.org/INFO)

A single use of the following Class 4 anti-inflammatory medications are permitted with submission of an ESC Medical Form by administrator of the therapy. “Cocktailing” or “Stacking” multiple NSAIDS (items 1-5 below) is dangerous to the health of horses and not permitted unless used as a life saving measure. **Licensed US veterinarians are required to prescribe use of multiple NSAIDS.** Administrator of emergency therapy must submit an ESC Medication Reporting form. Federal dosing guidelines are below.

1. **Firocoxib/Equioxx** - 45.5 mg/1000Lb, oral, 12 hrs before competing
2. **Phenylbutazone/Butazolidin** - 2.0 gram/1000Lb, oral, 12 hrs before competing
3. **Flunixin meglumine/Banamine** - 500 mg/1000Lb, oral/IV, 12 hrs before competing
4. **Meclofenamic acid/Arque** - 500 mg/1000Lb, oral, 12 hrs before competing
5. **Naproxen/Naprosyn** - 4.0 grams/1000Lb, oral, 12 hrs before competing



***Use (items 6-9) below as directed, then no Medication Form required***

6. **DMSO** - 70 mL 90% DMSO in 500 mL LRS IV, 48 hrs before competing
7. **Diclofenac/Surpass** - 5 inch ribbon, ½ inch thick, one site, topical, 12 hrs before competing
8. **Ketoprofen/Ketofen** - 1.0 gram/1000Lb, oral, 12 hrs before competing
9. **Methocarbamol/Robaxin** - 5.0 grams/1000Lb, oral, 12 hrs before competing

### **DM805.3 Controlled Medications - Allergy**

**Medication Form Required:** [EquineSportsCouncil.org/INFO](https://www.equine-sports-council.org/Info)

Dexamethasone is permitted for treatment of allergy or hives. Medications in this group must be prescribed by a US Licensed veterinarian, and an ESC Medication Form must be submitted by drug administrator at the time of use. Federal dosing guidelines are below:

1. **Dexamethasone/Azium IV** - 5.0 mg/1000Lb, IV, 6 hrs before competing
2. **Dexamethasone/Azium oral** - Single 20 mg oral dose, 72 hrs before competing

### **DM805.4 Controlled Medications - Therapeutic/Safety Sedatives**

**Medication Form Required:** [EquineSportsCouncil.org/INFO](https://www.equine-sports-council.org/Info)

Acepromazine and Dormosedan are permitted for use as a therapeutic/safety measure when needed to clip and/or ship horses before competitions that otherwise would create an unsafe environment for both humans and horses. Use of these sedatives is not permitted for competition purposes. A US licensed veterinarian must prescribe the therapy, and the Administrator of the medication must submit an ESC Medication Form at time of use. Federal dosing guidelines are below for 1000lb:

1. **Acepromazine oral** - 65mg **single oral dose**, 72hrs before competing
2. **Acepromazine IV** - 25mg **single IV dose**, 48hrs before competing
3. **Detomidine/Dormosedan** - 10mg or 20mg **single IV dose**, 48hrs before competing