##### Definitions and Standards

##### in Equine Evaluation

For Impound Facility Intake

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It is sometimes necessary for law enforcement and the Bureau of Animal Protection to impound equines that have been neglected or abused and place them in temporary care facilities such as the Dumb Friends League Equine Facility.

The DFL Equine Facility, like others of its kind, has limited resources to care for and rehome these equines. Equines at the facility will be evaluated to determine the long term prognosis for quality of life, rehabilitation and our ability to find homes for them upon legal disposition.

We recognize that not all equines coming to the facility will be able to be helped. In some cases our responsibility will be to alleviate their suffering and provide them a humane death.

We assembled a group of experts who prepared a matrix that will be used to assist in the evaluation and treatment options for equines entering the DFL Equine Facility.

The following criteria have been considered in the development of this document:

* Is the equine’s condition chronic, incurable and resulting in unnecessary pain and suffering?
* Does the equine’s condition present a hopeless prognosis for life?
* Is the equine a hazard to itself, other equines or humans?
* Will the equine require continuous medication for the relief of pain and suffering for the remainder of its life?
* If the equine is suffering but treatable, is proper and recommended care of the equine within the means of our program, such that the health and safety of the other equines are not compromised?
* Is the equine presently and for the foreseeable future unable to move unassisted or interact with other equines, or is the equine exhibiting behaviors that may be considered essential for a decent quality of life?

This document is meant to be used as a tool in assessing these equines and in making the best decision.

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Nicole Hackstock Callahan, BOD Secretary, DDFL**Category Terms;**

***Healthy/Trainable***

The terms “healthy” and ”trainable” mean an equine that, at or subsequent to the time the equine is taken into possession, has manifested no sign of a behavioral or temperament characteristic that could pose a health or safety risk or otherwise make the animal unsuitable for placement, and has manifested no sign of disease, injury, or congenital or hereditary condition that adversely affects the health of the animal or that is likely to adversely affect the animal’s health in the future.

***Treatable***

The term “treatable” means an equine that is “rehabilitatable” or “manageable.”

**Rehabilitatable:** The term “rehabilitatable” means an equine that is not “healthy,” but is likely to become “healthy” if given medical, foster, behavioral, or other care equivalent to the care typically provided to equines by reasonable and caring owners in the community.

**Manageable:** The term “manageable” means an equine that is not “healthy” and that is not likely to become “healthy,” regardless of the care provided, but would likely maintain a satisfactory quality of life if given medical, foster, behavioral, or other care, including long-term care, equivalent to the care typically provided to equines by reasonable and caring owners in the community. The term “manageable” does not include any equine that is determined to pose a significant risk to human health or safety or to the health or safety of other animals.

***Unhealthy and Untreatable***

The term “unhealthy and untreatable” means an equine that, at or subsequent to the time it is taken into possession,

1. Has a behavioral or temperament characteristic that poses a health or safety risk or otherwise makes the animal unsuitable for placement, and is not likely to become “healthy” or “treatable” even if provided the care typically provided to equines by reasonable and caring owners in the community; or
2. Is suffering from a disease, injury, or congenital or hereditary condition that adversely affects the animal’s health or is likely to adversely affect the equine’s health in the future, and is not likely to become “healthy” or “treatable” even if provided the care typically provided to equines by reasonable and caring owners in the community.

***Note – A category does not equal disposition.*** Categories are used to identify equines that have a better chance of adoption and quality of life. An equine that is categorized as unhealthy and untreatable is not automatically nor always euthanized. In all cases the disposition decision is based on what is best for the animal given its situation and current resources. **DEFINITIONS**

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**Abandoned** Leaving an equine without adequate provisions for its proper care by its owner, the person responsible for its care or custody, or any other person having possession of it.

**Adopted** The transfer of an equine from a rescue facility to a new owner or service animal organization.

**Animals in care** A physical count at the beginning or end of a reporting period of equines that are in the care of a rescue facility or foster home.

**Equine** Genus equus. Includes horses, donkeys, mules, hinnies and zebras, including crosses.

**Estray** Any bovine animal, horse, mule, ass, or alternative livestock, as defined in section [35-41.5-102](http://www.michie.com/colorado/lpext.dll?f=FifLink&t=document-frame.htm&l=jump&iid=COCODE&d=35-41.5-102&sid=73c12f07.334cadc6.0.0#JD_35-415-102)(1) of the Colorado Revised Statutes, found running at large upon public or private lands in the state of Colorado whose owner is either known or unknown in the section where found or that is outside the limits of its usual range or pasture.

**Euthanasia** To produce a humane death by techniques accepted by the American Veterinary Medical Association.

**Euthanasia request** Euthanasia at the specific request of the owner/agent.

**Feral (unsocialized)** Equines that have survived and propagated generationally on public or private lands without direct intervention of humans for their basic care and needs.

**Foster care** Temporary off-site care without the transfer of ownership.

**Handleable** Degree of acceptance of interaction with a human.

**Healthy/Trainable** An equine that, at or subsequent to the time the equine is taken into possession, has manifested no sign of a behavioral or temperament characteristic that could pose a health or safety risk or otherwise make the animal unsuitable for placement, and has manifested no sign of disease, injury, or congenital or hereditary condition that adversely affects the health of the animal or that is likely to adversely affect the animal’s health in the future.

**Impounded** Seized and retained in legal custody.

**Lameness** Lameness is a deviation from the normal gait or posture due to pain or mechanical dysfunction. Lameness is graded on a scale of 1-5 (see chart).

**Limited admission facility** A facility that accepts equines on a space-available basis; admission may be subject to health and/or temperament criteria, or limited by the agency’s mission.

**Manageable** An equine that is not “healthy” and that is not likely to become “healthy,” regardless of the care provided, but would likely maintain a satisfactory quality of life if given medical, foster, behavioral, or other care, including long-term care, equivalent to the care typically provided to equines by reasonable and caring owners in the community. The term “manageable” does not include any equine that is determined to pose a significant risk to human health or safety or to the health or safety of other animals.

**Open admission facility** A facility that accepts equines regardless of health, temperament, or space.

**Owner/Agent** Any individual or entity that owns an equine or is authorized to act for an owner of an equine, whether such authorization is created by contract or apparent authority.

**Relinquish** Surrender of ownership of an equine to a rescue facility.

**Re-qualified** Re-categorization of an equine initially deemed healthy or treatable to unhealthy or untreatable based on subsequently exhibited behavioral or medical conditions.

**Rehabilitatable** An equine that is not “healthy,” but is likely to become “healthy” if given medical, foster, behavioral, or other care equivalent to the care typically provided to equines by reasonable and caring owners in the community.

**(Equine) Rescue** A person or entity that accepts equines for the purpose of finding permanent adoptive homes and does not maintain a central facility for keeping equines, but rather uses a system of fostering in private homes, or boarding.

**RTO** Return to Owner – Equine reunited with or reclaimed by owner.

**Soundness** The converse to the degree of lameness.

**Trainable** An equine that exhibits a high level of fear and related vices and behavioral traits that could be considered detrimental upon entering the facility, but demonstrates a willingness to conform to and accept close interaction with its human care givers after an acclimation period.

**Transfer in** Acceptance of responsibility for the wellbeing of an equine from one shelter or rescue organization to another.

**Transfer out** Release and assignment of responsibility for the well-being of an equine from one shelter or rescue organization to another.

**Treatable** An equine that is “rehabilitatable” or “manageable.”

**Treatable/ Manageable** An equine that is not “healthy” and that is not likely to become “healthy,” regardless of the care provided, but that would likely maintain a satisfactory quality of life if given medical, foster, behavioral, or other care, including long-term care, equivalent to the care typically provided to equines by reasonable and caring owners in the community. The term “manageable” does not include any equine that is determined to pose a significant risk to health or safety of humans or of other animals.

**Treatable/ Rehabilitatable** An equine that is not “healthy,” but that is likely to become “healthy” if given medical, foster, behavioral, or other care equivalent to the care typically provided to equines by reasonable and caring owners in the community.

**Unhealthy and Untreatable** An equine that, at or subsequent to the time it is taken into possession,

1. Has a behavioral or temperament characteristic that poses a health or safety risk or otherwise makes it unsuitable for placement, and is not likely to become “healthy” or “treatable” even if provided the care typically provided to equine by reasonable and caring owners in the community; or
2. Is suffering from a disease, injury, or congenital or hereditary condition that adversely affects its health or is likely to adversely affect its health in the future, and is not likely to become “healthy” or “treatable” even if provided the care typically provided to equines by reasonable and caring owners in the community.

**Unwanted Horse** A equine that is no longer wanted by its current owner because it is old, injured, sick, unmanageable, fails to meet its owner’s expectations (e.g., performance, color or breeding), or its owner can no longer afford it. [As defined by the American Association of Equine Practitioners in 2005 and since adopted by the Unwanted Horse Coalition of the American Horse Council.]

**EVALUATION CRITERIA**

When an equine enters the DFL Equine Facility, it will undergo an intake evaluation and thereafter be categorized as either H (healthy), T/R (treatable/rehabilitatable), T/M (treatable/manageable), or U/U (unhealthy/untreatable). The criteria on which the initial categorization and any subsequent re-categorization are based are contained on the pages that follow.

Once assigned a category, an equine will remain so categorized unless re-qualified following subsequent observation and evaluation.

This matrix is laid out in a manner consistent with a normal physical examination; starting with the physical appearance, moving to the muzzle and on back.

Many of the conditions listed below are categorized as “Treatable/Manageable” with the qualification that available resources must be considered when evaluating the equine for each category.

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | **Description** | Eval | **Explanation** |
| BODY CONDITION SCORE | 1 (skin over bones)  2  3  4  5  6  7  8  9 (obese) | T/R  T/R  T/R  T/R  T/R  H  H  T/M  T/M | Critical starvation cases with BCS of 1-2 will need immediate and aggressive attention to survive. Many equines with BCS 1 are too weak to stand and usually do not survive.  Depending on the reason for the weight problem, it maybe rehabilitatable or may need to be managed for the life of the equine. |
| MUZZLE | Streptococcus equi | T/R | (aka, Strangles) Isolation, white discharge. |
|  | Rhinopneumonitis | T/M | (AKA, Rhino) Isolation, white discharge. |
|  | Equine Influenza Virus | T/M | Isolation, white discharge. Highly contagious. |
| EYES | Blind | U/U  T/M | Blind in both eyes.  Blind in one eye. |
|  | Nasolacrimal duct blockage | T/M | A tube running from the inside corner of the eye to the nose that can be blocked with debris. |
|  | Corneal ulcer | T/R | A scratch to the cornea of the eye. Most are easily treated, but some are deep, complicated by fungal infection, complicated by Pseudomonus bacterial infection, or “melt” to allow penetration of the eye. |
|  | Uveitis/ Periodic Ophthalmia | T/M | Inflammation of the back chamber of the eye. (AKA Moon Blindness) |
|  | Cataracts | T/M | A cloudiness of the lens or the lens envelope ranging in degree from slight to completely opaque, inhibiting passage of light and thereby decreasing the ability of sight. The ability of sight may or may not be present depending on maturity and denseness of the cataract. |
|  | Glaucoma | T/M  T/R | Swelling of the globe due to build up of fluid. Usually medical treatment is not successful.  Enucleation (surgical removal of the globe) is performed to stop the pain associated with the swelling. |
|  | Cancer | T/R | Usually Squamous Cell Carcinoma that can form on the lid, the conjunctiva, and the cornea. Both medical and surgical treatments are done. |
| TEETH | Abnormal wear | T/R | Can prevent feed prehension, chewing problems, soft tissue trauma and eventual weight loss. |
|  | Sharp edges | T/R | Can cause trauma and sores to cheek tissue and the tongue. |
|  | Tooth root | T/R | Infections are painful and can lead to sinus infections. |
|  | Loose and falling out teeth | T/R | Can be both painful and allow food to stuff into spaces leading to infections. |
|  | Congenital and acquired problems | T/M | Such as overbite/parrot mouth and scissor bite, incisor wear due to cribbing. |
| EARS | Warts and plaques | T/R | Can be small to large but usually self-limiting. |
|  | Insects | T/M | Fly bite hypersensitivity and tick bite irritation. |
|  | Deafness | T/M | Associated with excessive facial white, especially in Paint Horses. |
| UPPER RESPIRATORY TRACT |  |  | Includes the nostrils, sinuses, pharynx, larynx, guttural pouches, and trachea. |
|  | Infectious agents | T/R | Ranging from bacterial to fungal to viral can cause discharge from the nostrils, coughing, blistering of the pharyngeal tissue, debris in the guttural pouches. |

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|  | Guttural pouch infections | T/R | Can lead to bleeding and/or swallowing problems due to damage to an artery and a nerve passing through the pouch. |
|  | Nerve damage | T/R | To the cartilage surrounding the tracheal opening can cause breathing problems. |
| LYMPH NODES |  | T/R | Abscesses of the lymph nodes between the jaw bones, at the throat latch, the base of the ears, the front of the chest, and along the ventral midline to the inguinal area. |
|  | Streptococcus equi | T/R | Causitive agents of Strangles. |
|  | Zooepidemicus | T/R | Causitive agents of Strangles. |
|  | Corynebacterium pseudotuberculosis | T/R | Pigeon Fever or Dry Land Distemper |
| HEART | Arrhythmias | T/M | Conditions such as bacterial endocarditis, atrial fibrillation. |
|  | Congestive Heart Failure | U/U | Congestive heart (showing signs of jugular distension, tachycardia, respiratory distress, exercise intolerance) is not successfully treatable. |
|  | Murmur | T/M | If the murmur is not of a severe nature, the equine may go up for adoption with a medical release. If the murmur is a grade 5 out of 6 the equine will be euthanized. |
| LOWER RESPIRATORY TRACT |  |  | Including the lungs and pleura. |
|  | Pneumonia | T/R | Usually bacterial. |
|  | Pleuritis | T/R | Bacterial infection of the pleural space. This condition is VERY PAINFUL to the equine. Breathing difficulty is easily seen, and pressure to the chest will cause a painful reaction. |
|  | Chronic Obstructive Pulmonary Disease (aka. Heaves) | T/M | An allergy induced respiratory condition causing breathing difficulty. |
| ABDOMEN/ GASTRO-INTESTINAL TRACT |  |  | Stomach, small intestine, cecum, colon, spleen and liver. |

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|  | Colic | T/R | Usually associated with the gastro-intestinal tract and can range from mild and easily treatable to severe with a guarded prognosis for survival with or without surgical intervention. |
|  | Chronic Colic | T/M | Repetitive and irresolvable Colic |
|  | Stomach ulcers | T/M |  |
|  | Intestinal parasites | T/R |  |
|  | Intestinal and colon obstructions and impactions | T/R |  |
|  | Intestinal entrapments and displacements | T/R |  |
|  | Torsions | U/U | Twisted gut requiring surgery. |
|  | Gas distension | T/R |  |
| GENITO-URINARY |  |  | Referring to the bladder and also the penis and testicles (if present) in the male and the uterus and ovaries in the female. |
|  | Uterine Infection /Endometritis | T/R  T/M | Can be bacterial or fungal in origin.  Chronic uterine infection. |
|  | Bladder gravel or overt stones | T/M | Can have mixed response depending on the size of the stone. Surgical intervention may be needed if a stone is too large to pass through the urethra. |
|  | Cryptorchidism | T/R | Retention of one or both testicles. |
|  | Testicular Torsion | T/R | Emergency surgery situation. |
|  | Granulosa Cell Tumor | T/R | A cancer to the ovary causing release of Testosterone leading to stallion behavior in a mare. |
|  | Dirty Sheath | T/M |  |
|  | Bacterial Infection | T/M | To the sheath. |
|  | Cancer of the penis | T/M | Squamous Cell Carcinoma is the usual, but melanomas can also be problematic. |
| SKIN/COAT |  |  | Conditions showing dull dry hair, alopecia, pruritus, scabs, wounds. |
|  | Allergic Dermatitis | T/M | Due to insect hypersensitivity, otherwise called “Sweet Itch” or “Fly Strike Dermatitis” show as very itchy equines. |
|  | Nutritional Dermatopathies | T/R | Malnutrition and Selenium Toxicity can show dull, dry haircoats. |
|  | Rain Rot | T/R | Causing folliculitis that when pealed leaves an oozing wound that quickly scabs over. |
|  | Fungal infections | T/R | Including ringworm. |
|  | Scratches | T/M | Dermatitis to the lower legs and usually with equines with feathering at the fetlock areas. |
|  | Lice and Mange | T/R |  |
|  | Anhydrosis | T/M | Causing hair loss to the face. |
|  | Exuberant Granulation Tissue | T/R | Proud Flesh. |
|  | Sarcoids | T/R | A skin cancer that ranges from easily treatable to very difficult to treat. |
|  | Girth Gall | T/M | Saddle Sores |
|  | Fistulated Withers | T/M | Saddle Sores |
|  | Melanomas | T/M | Usually benign cancer associated with gray colored horses. |
| LAMENESS |  |  | Grading from 1 (barely evident) to 5 (completely non-weight bearing). |
| HOOF |  |  | Lack of proper and/or consistent care. |
|  | Thrush | T/R | A bacterial infection of the tissue surrounding the frog. |
|  | Club foot | T/M | A downward deviation of the coffin bone NOT due to laminitis. |
|  | Laminitis | T/M | An inflammation of the soft tissue (lamina) that holds the hoof wall to the coffin bone, can range from mild (treatable) to severe (untreatable). |
|  | Heel pain | T/M | Pain involving deep digital flexor tendon, the numerous ligaments and attachments, the soft tissue heel cushion, and navicular syndrome |
|  | Stifle Lameness | T/M | Swelling and soreness of the stifle. |
|  | Pedal Osteitis | T/M | Inflammation of the solar surface of the coffin bone causing soreness of the soles. |
|  | Stringhalt | T/M | A very exaggerated goose-stepping gait of the hind quarters. |
|  | Hoof abscesses | T/R |  |
|  | White Line Disease | T/M | Separation of the hoof wall from the lamina. |
|  | Quarter Crack | T/M | A severe crack in the hoof. |
| DEGENERATIVE JOINT DISEASE /OSTEOARTHRITIS |  |  |  |
|  | Ringbone | T/M | Associated with the pastern and coffin joints. |
|  | Osselets | T/M | Associated with the fetlock joint |
|  | Spavin | T/M | Associated with the hock joint. |
|  | Tendonitis/Bowed Tendon | T/M |  |
|  | Suspensory Ligament Degeneration | T/M | Usually more a problem on the hind legs and in breeds such as Paso Finos, Peruvian Pasos, and Arabians. |
|  | Bone Cysts | T/M | Seen more in younger athletes. The stifle joint is most affected. |
|  | Shoulder Sweeney | T/M | A trauma of the nerve running between the muscles of the scapula. |
|  | Sacroiliac Luxation | T/M | Present in most Thoroughbreds that have been raced. It is often seen as a “hip bump”. |
|  | Fractures with lameness |  |  |
|  | Pelvic fracture | T/M | Heals to show as minimal gait abnormality is most cases. |
|  | Coffin bone fracture | T/M | Can be managed with proper shoeing. |
|  | Point of the shoulder fracture | T/M | Can heal with minimal residual lameness. |
|  | Long bone fractures | U/U | Any Fracture involving the long bone. |
| NEUROLOGICAL |  |  | Congenital abnormalities, trauma, and infections all can be causes. |
|  | Cervical Vertebral Instability | U/U | (aka. Wobblers) causes hind end problems ranging from minimal and sporadic (toe dragging) to over instability. |
|  | Botulism | U/U |  |
|  | Tetanus | T/M |  |
|  | Equine Herpes Virus/ Rhinopneumonitis | T/R  T/M | Chronic Equine Herpes Virus. |
|  | Equine Protozoal Myelitis | T/R  T/M | Showing unilateral problems from head to hind end. Relapse can cause a management issue.  Chronic, repeated relapses. |
|  | Eastern and Western Encephalitis | U/U |  |
|  | West Nile Virus Encephalitis | T/M |  |
|  | Rabies Virus Encephalitis | U/U |  |
|  | Seizures | T/M | Some forms of seizures, like epilepsy, may be treatable with lifetime medications. |
| OTHERS |  |  |  |
|  | Tying up | T/M | Monday Morning Disease. Myositis. |
|  | Hyperkalemic Periodic Paralysis | T/M | (aka Impressive Syndrome, HYPP), a heritable metabolic disease causing High Blood Potassium leading to weakness, trembling, heart arrhythmia, and possible death. |
|  | Hyperelastosis cutis | U/U | A heritable skin disease causing detachment and tearing of the skin from the deeper connective tissue. |
|  | Equine Polysaccharide Storage Myopathy | T/M | Associated with grain feeding, insulin resistance, and high glycogen levels in muscles. Signs of stiffness and shivering or jerking movement can be present. |
|  | Cushings | T/M | Benign tumor on the pituitary gland. |
|  | Anhydrosis | T/M | The inability of a equine to sweat to cool down. |
| CANCER | Lymphoma | U/U | When the cancer is terminal. Some types of cancers may be treated. |
| MEDICAL  EMERGENCY | A equine is so injured or so ill that it is euthanized prior to date of disposition. | U/U | Animal has no chance of recovery and/or is in extreme pain that cannot be humanely managed. A veterinarian or supervisor makes the determination as allowed under Court Order. |
|  |  |  |  |
| PHYSICAL  DISABILITY  SEVERE | The equine has one or more severe physical disabilities. | U/U | Equine with severe physical disabilities cause the equine to endure constant or reoccurring undue pain and/or stress. |
| TIME/SPACE | The equine qualified as healthy and was euthanized to make space in adoptions. | H | Due to limited resources, the risk for healthy equines to be euthanized is always present. |

**BEHAVIORS**

The behavior of equines entering the DFL Equine Facility will also be observed and generally identified as falling into one or more of the following categories. These behaviors are ones that have been identified as a habitual behavior and not attributable to a medical condition:

AGGRESSIVE (A) - An equine that is aggressive toward humans or other animals and places other animals, the staff or community at risk. This classification may result from observation or from historical data. An equine that is overly aggressive will be categorized as U/U.

FEARFUL (F) - An equine that displays fearful behavior. This classification is based upon observation at the time of intake and will be categorized as T/R.

BENIGN (B) - An equine that displays certain behaviors which, although noticeable, are not likely to affect the equine’s adoptability. This classification will be categorized as T/M.

A list of some common equine behaviors appears below. IT IS EXTREMELY IMPORTANT TO UNDERSTAND AND REMEMBER THAT THE BEHAVIORAL CLASSIFICATIONS ARE NOT A MEASURE OF SAFETY IN HANDLING OR RIDING THE EQUINE. An equine is a large prey animal. As such, and as Colorado’s equine liability statute notes, they are inherently dangerous and require respect and care in their handling.

|  |  |  |  |
| --- | --- | --- | --- |
| BEHAVIORS |  | A,F,B |  |
|  | Bucking |  | Intentional bucking |
|  | Biting |  |  |
|  | Rearing |  |  |
|  | Kicking |  | While ground handling |
|  | Striking |  |  |
|  | Pulling Back |  |  |
|  | Running Off/Bolting |  |  |
|  | Pawing |  |  |
|  | Cinchy |  |  |
|  | Cold Backed |  |  |
|  | Spooking/Shying |  |  |
|  | Head Tossing |  |  |
|  | Charging |  | Must take into account mares with foals |
|  | Coprophagia |  | Eating manure |
| VICES |  |  |  |
|  | Weaving |  |  |
|  | Cribbing |  |  |
|  | Windsucking |  |  |
|  |  |  |  |