

# **USPA POLO PONY WELFARE GUIDELINES**



**Second Edition**  
**A Resource for USPA Clubs and Members**

**As advised by the USPA Equine Welfare Committee**



## USPA Equine Welfare Guidelines

A Publication of the United States Polo Association® 2015

Editor: Lindsay Dolan

Publisher: United States Polo Association ®

USPA Equine Welfare Committee Chairman: Mark Sedacca

United States Polo Association ®

9011 Lake Worth Road

Lake Worth, FL 33467

1-800-232-USPA uspa@uspolo.org USPOLO.ORG

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# Letter from Equine Welfare Chairman

The Equine Welfare Committee proudly presents the second edition of the Equine Welfare Guidelines Handbook. The first edition was a concise reflection of where we were as an organization and addressed the concerns we had for our horses. The second edition shows the increased level of achievements and expectations we would like to see. This handbook is a reflection of the hard work and devotion of the USPA staff and volunteers.

Forty- two years of active participation in this sport has shown me that polo ponies are cared for and treated with the utmost respect. Our commitment to our horses is a 365 day a year love affair. If it were not for the horses there would be no sport of polo. Our horses are not expendable and not easily replaced, physically or emotionally. As polo players we recognize that and respect the horse as our partner.

I would like to personally thank Clint Nangle who organized and chaired the Equine Welfare Committee from its inception until 2014. Clint lead the committee through some challenging times as new policies were established. We have come a long way in a few short years and I am honored to be able to continue his work. The USPA has supported this committee and enabled us to become a world leader in equine welfare. In 2011, a comprehensive drug and medication policy with strict rules of enforcement was established. Since the initiation of the program we have seen a visible change in how our horses are medicated. Another highly successful program of the committee has been the Kimzey Leg Saver Splint Program which has made these splints available for clubs around the country. A protocol for zero tolerance with regard to neglect and abuse of any horse owned and cared for by a polo player, on or off the polo field, has also been established. The committee is looking into programs to help find homes for retired polo ponies as well.

This manual was carefully compiled with critical information to benefit our members and ultimately our horses. We expect this handbook to be useful to all polo players at all levels and help them understand what is expected with horse ownership. I can't thank enough the dedicated individuals that helped organize this handbook. It is my pleasure and honor to be able to work with this committee and chair The Equine Welfare Committee.

Sincerely,



Mark Sedacca, Equine Welfare Committee Chairman







## ACKNOWLEDGEMENTS

Thank you to our volunteers and committee members for their work on the Equine Welfare Booklet. We appreciate your time and effort in helping create a resource for USPA Members and Member Clubs.

A special thank you to  
The USPA I/I Department (Amy Fraser, Ali Davidge, Emily Dewey), The USPA Polo Development, LLC, Cissie Snow and the Myopia Polo Club Equine Welfare Committee, Aimee Waters, Gwen Rizzo, Dawn Weber and Marci Puetz

# BASIC NEEDS

## EQUINE NUTRITION

Polo is a high intensity sport. It is important to determine feeding and nutrition based upon a horse’s level of activity and its response to its nutritional regimen. When making changes to your horses diet do so gradually. It is also a good idea to consult with your veterinarian for a complete nutrition plan.

### FORAGES

The basis of every horse’s diet is forage including grass, hay, alfalfa, etc. Horses are grazing animals, spending roughly 60-70 percent of their day foraging. If a horse is fed enough high quality hay, a majority of their nutritional needs will be met.

Characteristics of Good-Quality Hay	Characteristics of Poor-Quality Hay
Green in color. with a low moisture content (12%-18%)	Dampness, dusty, muddy with a musty, moldy or fermented odor.
Sweet smelling, like newly cut grass.	Brown, yellow or weathered in color. Gray or black indicates mold.
Free of mold and dust.	Evidence of mature seed heads in grass hay or late cut alfalfa in bloom.
Cut before maturity.	High weed content, poisonous plants, insects or animal carcasses in hay bales.
Grass hays with no seed heads and alfalfa cut early in bloom.	
Free from weeds, poisonous plants, trash, insects, or foreign objects.	

It is important to keep in mind that too much good hay such as pure alfalfa can cause multiple health issues. There are times when it may be beneficial to feed pure alfalfa for the nutrients when mixed with a less nutrient-filled legume or grass. Many horse owners feed a good quality alfalfa-grass combination.

Many players turn out their horses after a season of play, returning with

a little more weight than necessary; however, it is still important to maintain a forage-based diet. In addition, it may be necessary to cut down on the amount of grain fed. Forage can be mixed with a more mature less nutritious hay to allow grazing without adding more weight

## GRAINS

Almost all polo ponies need to be fed some type of grain to provide the extra energy and nutrients not provided by hay and grass. There are many different options available. The most important factors are the energy and nutrient needs of each individual horse. Not all horses need the same amount or type of grain.

It is extremely important not to overfeed grain. It is recommended not to feed more than 0.5 percent of a horse's body weight in concentrates at one time. When horses ingest large amounts of starch or sugar, they are at risk for colic, ulcers, or laminitis. Measured portions should be fed at least twice daily preferably at the same time each day.

## ALTERNATIVES

For horses considered “hard keepers” a basic diet of hay and grain may not be enough to maintain peak condition. One option is to add more fat to their diet. Fats, such as wheat germ oil, vegetable oil, corn oil etc., are some of the most concentrated and efficient sources of calories for horses. These can be easily added to any grain. It is recommended that the amount be less than 1 cup. Other supplements that are high in fat content include rice bran, flaxseed, and soybean meal. Another alternative is beet pulp. Beet pulp has more fiber than hay, but must be soaked in water before being fed. Alfalfa cubes and other types of hay cubes can be used if good quality hay is not available. Hay cubes should also be soaked in water for best results. It may still be necessary to feed some hay in conjunction with the cubes to help with digestion.

*When feeding hay to a group of horses separate the flakes/piles of hay into multiple piles out of kicking range*

*For accurate nutrient content, you should have your forage tested*

*When changing over grain or hay do so gradually. Immediate change can result in colic and other gastric issues*



## NUTRITION MANAGEMENT

Good nutrition management is the best way to maintain healthy horses. One of the most helpful tools is a simple, straight-forward schedule with established feeding and training times. Ideally horses should be fed in separate stalls enabling a means to monitor the amount of feed each one is receiving and ingesting. If feeding separately is not an option, please supervise the feeding session to ensure all of the horses are receiving an adequate amount of feed. There should be a pile of hay available for each horse.

Hay should be stored in a dry, covered area to prevent mold and spoilage. Grains should be stored in sealed containers to prevent insect infestation and animal access.

## WATER

Horses must always have a clean source of water. Depending on the horse, its workload, and the climate, it may need varied amounts. In areas that have a winter climate, any ice that forms should be removed to maintain access to the water supply. Horses drink 3-4 times as much water in the heat so it's essential to provide access to a continuous supply to prevent dehydration. Signs of dehydration include:



- Dry mucus membranes in the mouth
- Pale colored gums with decreased capillary refill (gums maintain pale color when depressed with finger)
- Lack of energy/ lethargy

If your horse will not drink and is dehydrated, call the vet immediately.

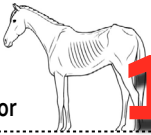



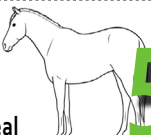

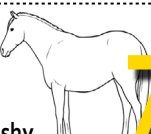
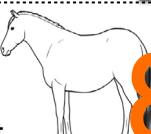

## SHELTER AND FENCING

Be sure your horse has access to shelter from the elements (sun, wind, rain, snow, etc.). Shade is essential to horses located in hot, sunny areas, especially if confined to a pen or paddock.

Fencing should be made from safe, durable materials that are specifically manufactured for use as equine fencing. Barbed wire should never be used as a fencing option for horses. Be sure to check your fences regularly for loose boards, protruding nails, splinters or free wires.



# USPA Body Condition Score Chart

Score	Neck	Shoulder	Withers	Ribs	Loin	Tail-head
<b>Poor</b>  <b>1</b>	extremely thin	very prominent	extremely thin	very prominent	very prominent	very prominent
<b>Very Thin</b>  <b>2</b>	very thin	very thin	very thin	prominent	prominent	very thin
<b>Thin</b>  <b>3</b>	thin	thin	thin	see easily	fat cover $\frac{1}{2}$ way up	prominent
<b>Moderately Thin</b>  <b>4</b>	moderately thin	moderately thin	moderately thin	outline of ribs	negative crease	some fat
<b>Ideal</b>  <b>5</b>	blend into shoulder	blend smoothly	rounded	cannot see, easily feel	level	ideal fat cover
<b>Moderately Fleishy</b>  <b>6</b>	little fat	little fat	little fat	cannot see, can feel	slight crease	fat
<b>Fleishy</b>  <b>7</b>	average fat	average fat	average fat	barely feel	crease	fleishy fat
<b>Fat</b>  <b>8</b>	fat	flush behind	fat filled	difficult to feel	obvious crease	very soft fat
<b>Extremely Fat</b>  <b>9</b>	bulging fat	bulging fat	bulging fat	cannot feel (patchy fat)	very obvious crease	bulging fat

**Description:** This horse is emaciated. The spinous processes (backbone, ribs, tail-head, and hooks and pins all project prominently. The bone structures of the withers, shoulders, and neck are noticeable and no fat can be felt anywhere.

**Description:** The spinous processes are prominent. The ribs, tail-head, and pelvic bones stand out and bone structures of the withers, neck, and shoulders are faintly discernible.

**Description:** The spinous processes stand out, but fat covers them to the midpoint. Very slight fat cover can be felt over the ribs, but individual vertebrae cannot be seen. Hook bones are visible but appear rounded. Pin bones cannot be seen. The withers, shoulders, and neck are accentuated.

**Description:** This horse has a negative crease along its back and the outline of the ribs can just be seen. Fat can be felt around the tail-head. The hook bones cannot be seen and the wither, neck, and shoulders do not look obviously thin.

**Description:** The back is level. Ribs cannot be seen, but easily felt. Fat around the tail-head feels slightly spongy. The withers look rounded and the shoulder and neck blend smoothly into the body.

**Description:** There may be a slight crease down the back. Fat around the tail-head feels soft and fat over the ribs feel spongy. There are small deposits along the sides of the withers, behind the shoulders and along the sides of the neck.

**Description:** There may be a crease down the back. Individual ribs can be felt, but there is noticeable fat between the ribs. Fat around the tail-head is soft. Fat is noticeable in the withers, the neck, and behind the shoulders.

**Description:** The horse has a crease down the back. Spaces between the ribs are so filled with the fat that the ribs are difficult to feel. The area along the withers is filled with fat, and the fat around the tail-head feels very soft. The space behind the shoulders is filled in flush and some fat is deposited along the inner buttocks.

**Description:** The crease down the back is very obvious. Fat appears in patches over the ribs and there is bulging fat around the tail-head, withers, shoulders, and neck. Fat along the inner buttocks may cause the buttocks to rub together, and the flank is filled in flush.

ADOPTED FROM THE HENNEKE BODY CONDITION SCORING SYSTEM

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## VACCINATIONS

Basic vaccinations are a must have for all horses. Depending on location the vaccinations needed may change. There are seven vaccinations that the American Association of Equine Practitioners (AAEP) strongly suggest and refer to as “Core Vaccinations”.

- **Eastern Equine Encephalomyelitis (EEE)**  
Vaccinate twice annually, before mosquito season (early spring)
- **Western Equine Encephalomyelitis (WEE)**  
Vaccinate twice annually, before mosquito season (early spring)
- **Equine Herpes Virus (EVH)**  
Vaccinate twice annually
- **Equine Influenza**  
Vaccinate twice annually
- **West Nile**  
Vaccinate twice annually, before mosquito season (early spring)
- **Rabies**  
Vaccinate annually
- **Tetanus**  
Vaccinate annually

Along with the five essential vaccinations listed above, it is important to be aware of other risk -based vaccines suggested for the area in which you reside.

Risk - based vaccines include:

- Botulism
- Anthrax
- Strangles
- Potomac Horse Fever

It is best to discuss your horse(s) needs with your veterinarian.

## DEWORMING

Most horses have parasites in their digestive system. The four major parasites, and their signs and symptoms, that can affect a horse are the following:

- Large and Small Strongyles: Fever, loss of appetite, depression, anemia, diarrhea, dry coat. Visible in droppings. Can result in colic, lameness, and in extreme circumstances death.
- Ascarids: In large numbers loss of condition, bowel irregularity, colic. In small numbers rarely cause symptoms
- Pinworms: Rubbed tail, digestive disturbance, visible around the anus. Can result from contaminated feed, water, bedding, and other objects.
- Tapeworms: Rough hair coat, weight loss, signs of nutrient deficiencies. Can result in severe colic.

The best way to control parasites is to manage the property as well as initiate a deworming schedule. Things to avoid include overcrowding paddocks, feeding horses on the ground and letting manure build up. Before establishing a worming schedule it is suggested that each horse have a fecal analysis performed to identify the parasites that may be in the horse’s gastrointestinal tract. It is recommended that wormers be rotated by chemical class, not just by brand name, to prevent the occurrence of resistance. The type of wormer you chose depends on your location and season, consult your veterinarian with regard to treatment.

**DENTAL HEALTH**

Similar to their human counterparts, a horse’s dental health has a direct impact on their total health and wellness. Not only can a problem in their dentition cause pain, but it can keep them from chewing, digesting and metabolizing their food, resulting in a lack of nutrient assimilation. Indications that a horse may need a dental checkup include the following:

Food drops from mouth	Blood in Mouth, especially after playing
Exhibits difficulty chewing food	Chewing on Bit
Weight Loss	Resistance to stopping and turning
Mouth Odor	Twisting Head
Facial Swelling	Exhibits signs of pain while bridled

Having their teeth checked or floated annually or semi-annually is important and will help prevent future complications. This procedure can be done by a veterinarian or a dental specialist. “Floating teeth” will help prevent the formation of hooks on the edges of the teeth which, in turn, can cause difficulties with chewing. Ask the dentist about a “bit seat.” This technique smooths and rounds the surface of the first cheek teeth to prevent pinching and bruising when the bit is in place.

**HOOF HEALTH**

NO HOOF, NO HORSE. A horse’s hoof is one of the most important parts of its body. Without healthy hooves there is no horse. It is vital that the horse is able to absorb impact when its hoof hits the ground. Without proper hoof care there will not be proper absorption. Lack of absorption will not only damage the hoof but can affect the rest of the leg as well. The best way to prevent any problems is to be proactive. Regular trimming and shoeing with a good farrier is key. Overgrown hooves cause difficulty for horses to play. If left overgrown horses will often become lame. Keeping shoes on your horse during the playing season is encouraged. Shoeing creates better traction which a horse may not have if it were to play barefoot. Trimming should occur every 4-7 weeks depending on the horse. A horse that does not have proper hoof care is a danger not only to themselves but also to their riders.

# HEALTH INFORMATION AND PROBLEMS

## FIRST AID

Unfortunately, as a horse owner there are going to be times when you have to handle injuries. These can happen anywhere from inside the trailer, to the field, to the arena or even during turn-out or in the stall. While it is important to minimize all risks, it is inevitable that sometimes things just happen. It is best to be prepared for all situations. Always have a veterinarian's phone number available in case of emergency. It is also important to have an equine emergency kit. The following is a sample list of emergency supplies.

### EMERGENCY FIRST AID CHECKLIST

- Thermometer
- Antiseptic wound cleaner (i.e. Betadine, Hibiclens, Sterile Saline, etc.)
- Fence cutters
- Clean bandages
- Gauze pads, rolled cotton, cotton balls, disposable baby diapers
- Self-sticking bandages (i.e. Vet Wrap, Coban, etc.)
- Zinc oxide cream
- Extra halter, lead rope
- Sponge, towels
- Epsom salts
- Antiseptic cream
- Tape
- Flashlight
- Rubber gloves
- Hoof pick
- Bandage scissors
- Knife

### AMBULANCE CHECKLIST

- First Aid Kit
- 2 Screens
- Winch
- Halter
- Lead rope
- Ramp/ Plywood
- Kimzey Leg Saver Splint



You should always have a first aid kit available. Be sure to keep one in your trailer at all times

Kimzey Leg Saver Splint



Photo courtesy of Kimzey Welding Works

## NORMAL VITAL SIGNS

Vital signs are important to know and crucial to understand if they are out of normal ranges. It is a good idea to take your horses vitals on a regular basis to determine what their normal ranges are.

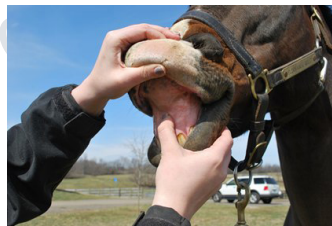
**Temperature** – Normal range is 99 – 101 degrees. Temperatures may be taken rectally with a digital thermometer. These thermometers are readily available at any health or grocery store. If your horse's temperature is above the normal range and it has not exercised within the previous 30 minutes, your horse risks the onset of infection, illness or heat exhaustion. Call your veterinarian.

**Heart Rate** – Normal range is 30-45 beats per minute in an adult horse. Heart rate or pulse may be taken in several ways: with a stethoscope behind the elbow on the left side where the heart is located; from the backside of the fetlock (which takes some practice to feel); or easily from the artery that runs along the under the jaw line. Using your index or middle finger to feel for the vein, then count the pulses for 15 seconds. Multiply by 4. (Note: heart rate may be elevated during or after exercise.)

**Respiration** – Normal range is 8-15 breaths per minute. Watching the nostrils you can see them flare or using your hand against the nostril, feel the breaths. You may also see respiration by watching the sides at the flanks move in and out. Count each inhale and exhale as 1 for 60 seconds

**Mucus Membranes** – Membranes line the gums, nostrils and eyelids. These membranes represent blood circulation. The color of a healthy horse should be rosy pink. Pale pink should be a concern; however, bright red, yellow or blue gray is indicative a severe problem.

**Capillary Refill** – This is another indicator of blood circulation. Healthy horses gums are soft pink. To test refill time lift the upper lip and press your thumb into the gums to create a white imprint. Release your thumb and count how many seconds for color to return. Normal refill is under 2 seconds.



**Gut/bowel sounds**- These are normal and should always be present in a horse. To check for gut sounds press your ear against the rear of the horse's barrel. Be sure to listen on both sides of the horse to avoid missing any abnormal sounds or lack thereof. It is normal to hear gurgling which is indicative of an active, healthy bowel. Three to four bowel sounds heard per minute are normal. Consult a veterinarian immediately if bowel sounds are absent or if the horse has not passed any stool.



## DEHYDRATION

Dehydration can be checked in numerous ways. The easiest way to tell if your horse is dehydrated is to check its gums for moisture. If they are not moist, the horse may be dehydrated. You can also perform the capillary refill test, which is described on the previous page. The last test to check hydration is the “pinch test”. Pinch a portion of the skin on the horse’s shoulder or neck. Monitor how long it takes for the skin to return to its original status. If the skin remains elevated or pinched (tented) and is slow to return to its original position the horse may be dehydrated.



## ANHIDROSIS

Anhidrosis in horses is the inability to sweat normally. Sweating is necessary for the horse to regulate body temperature and a means of cooling. Horses can stop sweating suddenly, especially in hot and humid climates. This is a very serious condition and can be life threatening.

Take note if you see your horse panting, nostrils flaring, sides heaving with the absence of normal sweat patterns.



Horses with partial anhidrosis will have some ability to sweat but should still be monitored closely. Provide a cooling bath, shade and fans immediately. Keep track of the horse’s temperature. Normal range is 99-101 degrees. Temperatures can rise during exercise but should return to a normal range within 30 minutes after exercise has stopped.

Do not work these horses in the heat of the day or even leave them turned out in the heat. Many products are available on the market to help stimulate sweat, which work well with some horses. If you suspect anhidrosis, have your horse examined by your vet.

## WOUND CARE

It is important to cleanse a wound prior to treating it. It is ideal to wash the wound with sterile saline with minimal pressure; however, if that is not possible use warm, soapy water as the next best option. Do not use excessive pressure when washing the wounded area. Too much pressure can push debris and contaminants into the wound instead of washing them out. An antibiotic solution, ointment or lotion can then be administered to prevent any further infection.

### PUNCTURE WOUNDS

After cleaning the wound it is important to evaluate how serious the injury is. If the object that caused the puncture is still imbedded, do not remove it and call your vet for assistance. If possible evaluate the depth of the puncture site. Puncture wounds normally require veterinary assistance for proper care and treatment to prevent infection and further complications.



### ABRASIONS

If it does not appear that there are deeper injuries (broken or chipped bones) and the injury is more superficial, it can be hosed with cold water and cleansed with a diluted betadine solution. The abrasion may be sore for a few days. Cold water hosing and covering with the proper topical ointment will reduce swelling and encourage healing. Any excess hair around the wound should be trimmed before covering in ointment. If the injury is deeper than superficial consult a veterinarian for proper identification and treatment.

### LACERATIONS

A laceration is a wound that can go through the skin and can, at times, cut muscles, tendons, and ligaments. Depending on the location and depth of the laceration, it may need to be sutured.



[www.horseadvice.com](http://www.horseadvice.com)

Unless the laceration is shallow and can be cleaned thoroughly, a vet should be consulted for treatment. Antibiotics are often prescribed to avoid infection. If a laceration is not sutured, it will need to be bandaged. Depending on severity, a recuperating horse should be kept on stall rest and exercised with light hand-walking during its recovery.

## COLIC

Colic is the #1 medical condition that causes death in horses. It can be caused by many things and often there is no explanation of cause.

### Common possible causes of colic include the following:

- Internal Parasites
- Spoiled Food
- Extreme Weather Changes
- Ingested Sand
- Overfed Starches
- Overexertion

### Signs and Symptoms of colic may include the following:

- Pawing
- Distress
- Loss of Interest in food
- Looking at abdomen
- Sweating
- Stretching
- Absence of Gut Sounds

There are many other causes of colic than just those listed above. The best way to avoid colic is to practice good management techniques. Feed a forage-based diet and avoid feeding large amounts of grain at one time. Make any changes in the horse's diet or regimen slowly avoiding any rapid, extreme changes. While good management techniques decrease the likelihood, colic can still occur.

When symptoms are present monitor the horse closely, checking all vital signs. Call the veterinarian immediately, relaying the signs and symptoms observed, along with the horse's rectal temperature. Call your veterinarian to discuss the condition your horse and create a plan.

## GASTRIC ULCERS

Ulcers are a prominent problem in many sport horses. A gastric ulcer occurs when the level of pH in the stomach becomes too acidic and acid starts eating the stomach lining. One of the difficulties in recognizing gastric ulcers is the wide variety of symptoms. Some of the symptoms include:

- Reduced appetite
- Changes in attitude
- Colic
- Dullness in coat
- Decreased performance
- Loose feces
- Weight loss

Numerous factors can contribute to a gastric ulcer such as stress, overwork, trailering or a change in environment. Ulcers can also appear if horses do not receive sufficient forage throughout the day. Lack of feed for six or more hours increases the risk of ulcers. Another common cause of ulcers is the overuse of non-steroidal anti-inflammatory drugs.

If you suspect a gastric ulcer, it is important to call your vet immediately. The

vet will perform a gastric endoscopy. If an ulcer is found they will determine a course of action. Medications such as Omeprazole and Gastrogard are often given to horses with ulcers. Your vet should come recheck your horse for ulcers approximately a month after diagnosis.

## **TYING UP (RHABDOMYOLYSIS)**

Rhabdomyolysis, exertional rhabdomyolysis, or as it is more often called “tying up”, has been recognized in horses for more than 100 years as a syndrome of muscle pain and cramping associated with exercise. Tied up horses develop pain and stiffness in the lower back, gluteals and muscles of the thigh region. It can be a transient cramping or a serious problem causing muscle destruction. If this occurs, the horse’s urine turns dark with myoglobin, a component of muscle cells. If left untreated can cause kidney failure and eventually death. Frequently electrolyte imbalances and overfeeding a horse carbohydrates are factors that appear to have a genetic link due to a defect in carbohydrate metabolism within affected muscle fibers. Overexertion can stem from bringing a horse back too quickly from a rest period, playing in the heat without proper hydration or playing it beyond its level of fitness.

Signs and symptoms of tying up may be as follows:

- o Reluctance to move, or inability to stand still
- o If pain is severe enough, profuse sweating
- o A stiff walk that, at its worst, can immobilize a horse
- o Hard painful muscles in the rear
- o Elevated heart and respiratory rates
- o Seizure-like symptoms

This is a veterinary emergency. Seek assistance immediately. Following the vet visit it is important to recondition the horse slowly. The first week will consist of slow hand walking before getting back into gradual exercise.

## **CHOKER**

Choke is a common esophageal disorder in horses caused by blockage of the esophagus from hay, grain, apples or bedding. Certain types of feed expand when they come in contact with saliva and, can therefore, cause choke.

*If you believe  
your horse  
is tying up,  
dismount  
and untack  
the horse  
immediately*

Some horses are predisposed to choke; such as older horses, small horses and foals. Older horses with missing teeth are prone to choke because they cannot properly chew their food before swallowing it. Small horses and foals have a smaller esophagus which makes them more predisposed.

Clinical signs of choke include inability to swallow food or water, drooling saliva or saliva mixed with feed, coughing, and food or water coming out of the nostrils. Horses may also extend their head and neck repeatedly to try to clear the blockage.

If you suspect that your horse is choking, you should call your vet immediately. The vet will perform an examination to determine if your horse has choke and may lavage the esophagus to try to clear the blockage. This must be done very carefully to prevent rupturing the esophagus. If the blockage is not cleared and the food or water is aspirated into the trachea the horse can develop aspiration pneumonia.

## EYE INJURIES

The majority of eye injuries can be prevented. Be sure to look for anything that your horse may rub his head or eye on that could cause an injury; however, if an injury does occur you should have your horse's eye examined by a veterinarian as soon as possible.



Common symptoms of an eye injury can include:

Treatment will depend on the extent of the damage and should be determined

- A visible eyelid tear or snag
- Holding the eye shut
- Squinting
- Tears or pus
- Eye that becomes cloudy
- White, yellow or blueish area on the eye
- Painful eye

by your veterinarian. Do not try to treat the eye yourself while waiting for the veterinarian. It may be necessary for the vet to sedate the horse to examine the eye. Treatment will be determined and will be for decreasing pain and combating infection.

Common eye injuries include: eyelid lacerations, blunt trauma and corneal injuries.

Below is a list of common skin issues seen in horses:



# SKIN ISSUES

If you suspect that your horse has any of the above issues, you should consult with your veterinarian for a course of action.

Name	Description	Cause
<b>Sarcoids</b>	Tumor seen on the head, belly, groin or legs. Commonly verrucose (wart like) or fibroblastic (looks like proud flesh)	N/A
<b>Scratches</b>	Scaly patches with hair loss and inflammation on the legs	Contact allergies and irritants, infestation with mites (leg mange) or malformations of lymphatic vessels
<b>Aural Plaques</b>	Crusty white plaque buildup in horses ears	Unknown
<b>Rain Rot</b>	Evident over horses neck, back and croup. Skin is crust with raised tufts of hair	Bacteria which thrives in moist conditions
<b>Hives</b>	Round, raised wheals anywhere on the body	Airborne allergens, ingested allergens, vaccinations or mediation reactions
<b>Warts</b>	Typically on muzzle and lips and last 60 to 100 days	Equine Papilloma Virus
<b>Ringworm</b>	Circular skin lesions with a raised edge	Highly contagious fungal infection
<b>Sweet Itch</b>	Small, itchy papules on the skin. Mane and tail are especially susceptible	Salivary antigens from gnat bites
<b>Melanoma</b>	Most common in gray horses (80% of grays will develop by age 15). Malignant tumors usually located near anus, vulva, penis, ears, salivary glands and underside of the tail	N/A



# HOOF AND LEG ISSUES

## LAMINITIS

Laminitis is a painful inflammatory condition of the tissues (laminae) that bond the hoof wall to the coffin bone. It can be triggered by a variety of causes. The supporting lamina within the hoof weaken leading to an extremely painful tearing of the support structure suspending the coffin bone within the hoof. If not treated promptly the coffin bone can drop or rotate in the hoof.

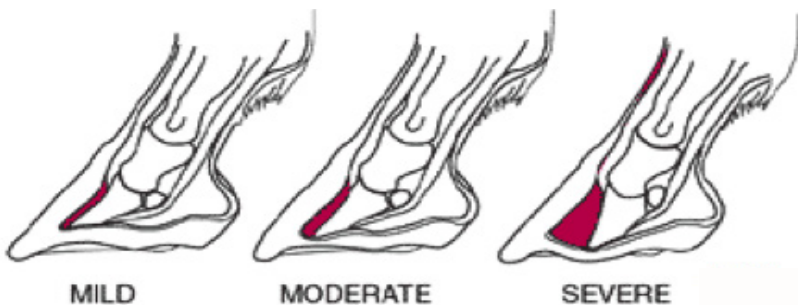
Some possible causes of laminitis may include:

- Obesity
- Excess intake of starches/carbohydrates
- Trauma to the hoof
- Stress
- Cushing Disease
- Equine Metabolic Syndrome (EMS)
- Susceptibility

Stressors, such as trauma to the hoof or travel stress, may be hard to avoid. Nutritional intake and rapid weight gain are easily controlled. It is vital to avoid rapid changes in a horse's diet.

Sometimes even with the best intentions, a horse may still end up with laminitis. Signs and symptoms include lameness, a shorter stride than normal, and a pounding digital pulse. If you suspect the possibility of laminitis call both your vet and farrier immediately.

The photo below shows the rotation of the coffin bone within the hoof.



## ABSCESSSES

Another common hoof problem is an abscess. A hoof abscess is a localized bacterial infection in the sensitive structures of a horse's hoof. Purulent fluid (pus) is produced as a reaction by the horse's body to the infection. The pus accumulates between the layers of the hoof wall. Since the hoof wall cannot expand, the increased pressure of the pus collecting within the hoof wall causes significant pain. The pus takes the path of least resistance, working its way up the hoof wall and into the coronary band.

Treatment for an abscess focuses on making sure the infection is cleaned out of the hoof to avoid another flare up. To help draw the infection out soak the hoof in an Epsom salt bath for 10 minutes. After the hoof has been soaked apply a poultice or medicated pad. Ask your vet for recommendations. Cover the sole of the hoof with poultice, wrap the hoof with a cotton sheet or disposable baby diaper. Use vet wrap or some kind of elastic bandage to hold it in place, and then wrap in duct tape for protection. This may have to be done several times during the course of treatment.

## THRUSH

Thrush is a bacterial/fungal infection of the frog of the horse's hoof. It is predisposed by moist, damp, dirty ground or stable conditions and poor hoof care. It affects the clefts of the frog and can be very aggressive if not resolved producing a foul-smelling, black discharge from the affected area. Prevention involves good hoof care practices and a clean, dry living environment. Be sure to clean and dry your horse's hooves on a regular basis. This is especially important if it is turned out in a paddock that has poor drainage and a tendency to be muddy.

When a hoof is infected with thrush the first sign is often the pungent smell it produces. The area surrounding the frog will have a dark colored discharge on the surface and in its crevices. If the thrush is not treated and becomes more severe, contracted heels and lameness may also be prevalent. The length of treatment will very depending on the severity of infection. Before treating thrush, clean the hoof off. This can be done with a hose, tooth brush and betadine scrub or warm soapy water. Once cleansed, dry the hoof and apply your choice of topical treatment to the infected areas. There are a number of solutions available for treatment. Continue to check the hoof and apply topical treatment until the infection is gone. Continued hoof care and cleanliness will prevent return of the thrush.

## TENDON AND LIGAMENT ISSUES

There are two general classes of injuries that can occur in the tendons and ligaments of the polo horses.

The first is tendon or ligament strains which can result in lameness. These injuries typically occur in the end of a chukker. These horses do not usually need emergency care or an ambulance. Treatment includes ice support wraps and anti-inflammatory therapy at the discretion of the veterinarian.

The second form of tendon and ligament injuries may result from a severe rupture of the tendon or breakdown of the ligament. This may be caused by a ruptured flexor tendon, ruptured suspensory ligament or dislocation of the flexor tendon off the point of the hock. These injuries require emergency care on the field and trans-

port off the field for further examination. The veterinarian may sedate the horse, to calm the horse and make them easier to assess. The vet may administer anti-inflammatories on the field, apply the Kimzey Leg Saver Splint and remove them from the field.

Removal should be done as gently but rapidly as possible. Always maintain control of the animal and do not allow the grooms to remove the wraps unless instructed by a veterinarian. If the horse is down and the injured leg is on the downside you may have to flip the horse before it can get up. In the case of a dislocated tendon over the point of the hock, the horse may become agitated and kick. In a situations like this it may not require a Kimzey Leg Save Splint, but may require heavy sedation and strong anti-inflammatories before the horse can be walked off the field or removed via ambulance. (Note: It can be difficult to apply a Kimzey Leg Save Splint to a hind limb, be sure to follow the manufacturers instructions.)



**High                      Middle                      Low**

### EXAMPLES OF BOWED TENDONS

All tendon and ligament issues should be examined by a veterinarian to determine the severity and treatment plan.

# WEATHER CONDITIONS

## COLD WEATHER

The winter can be one of the most difficult times to care for horses and maintain their conditioning. It can be difficult to keep weight on a horse in this climate. In order to decrease weight loss, it may be necessary to increase the number of calories fed each day. It is equally as important to make sure they have an ample supply of water available. Horses should have access to water without ice on or in it. Heating the water in the water trough is an option to prevent ice build-up.



Along with water and food horses need to have appropriate shelter from the elements if they are in pasture turn out. Shelter can be in the form of trees or a three-sided run in shed so they can get out of the wind and snow if necessary. Blanketing is an option for horses that are going to be exposed to cold weather. If you play in a cold climate during the winter months and can keep the horses blanketed, clipping or a partial clip can help with cooling down and drying off after a winter practice. If horses are turned out and not worked hard then leaving them unclipped may be the best option. If a horse is clipped and, in some cases, when they don't have sufficient hair growth blanketing should be provided. Blankets should fit correctly without pinching or rubbing the hair off the horse. While blankets can be useful in cold weather, they can also cause damage if they are not taken off as the weather warms overheating the horse.

## HOT WEATHER

Try to avoid working horses at the highest temperature of the day, if possible. Early mornings and evenings usually offer the coolest temperatures for riding. If the heat index goes above 140 (temperature + humidity) extreme caution must be used to avoid overheating a horse. When the heat index is greater than or equal to 150 it is very difficult to maintain a horse's body temperature at a safe level during work. If you suspect your horse is over-heating or having a heat stroke call the vet immediately.

If a hose is accessible, hose the horse with cool water starting with the extremities to cool it more quickly. Find a shaded area to hand walk the horse.

Offer water if available, once the horse has been allowed to cool down.

## HEAT INDEX CHART

Temperature (°F)

Relative Humidity %		90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105
	90	180	181	182	183	184	279	185	186	187	188	288	189	190	191	192	297
	85	175	176	177	178	179	180	181	182	183	184	185	186	187	188	188	189
	80	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185
	75	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180
	70	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175
	65	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170
	60	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165
	55	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
	50	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155
	45	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150
	40	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145
	35	125	126	167	208	249	290	331	372	413	454	495	536	577	618	659	700
	30	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135

The above graph shows the heat index, and highlights danger zones. If the heat index is 130 (yellow) or above, your horse will need supplemental cooling. This can include; hosing your horse off after work, taking caution not to over exert your horse during exercise, and providing fans in the stalls. If the heat index is 150 (orange) or above, you will need to be aware with how your horse is dealing with the heat. This may mean taking the day off from exercise, keeping your horse in the shade, and hosing off. If the heat index reaches 180 or above (red), your horse's cooling mechanisms are ineffective and they are at an increased risk of overheating. If you notice your horse is unable to cope with the heat, please notify your vet immediately.

High temperatures will need to be taken into consideration for management practices. Horses can overheat standing in a stall or in the sun if it is hot enough. If needed, clipping may be one way to help them keep cool and allow sweat to evaporate lowering the body temperature more quickly. When the temperature rises the following may be helpful:

- Make sure the turnout has shade available
- Provide a constant source of cool clean water
- Put sunblock on sensitive areas, such as white markings
- Fly sheets and fly masks with UV protection
- If kept inside, provide fans and plenty of ventilation

Like all other horse care tips, the best thing is know your horses and educate yourself on how the heat affects them. Knowing how each horse reacts to the heat will allow you to create an exercise and turnout plan that works best for each horse.



# LEGGING UP

All polo ponies should be allowed to rest for extended periods of time whether this is a few months off in the summer or a few weeks in the winter. It is important to remember that they must be reconditioned to play again. Our polo ponies are athletes, and just like human athletes, they need to build up their stamina, strength, and flexibility.

Walking is the most important form of exercise for a horse when first brought back from turnout. If a horse has had a few months off, it is important to walk the horse every day for a week. The following week, introduce trotting in small segments of 10-15 minutes at a time. As the horse begins to adjust they can then be cantered either in singles or sets with other horses.

When first starting to play, it is extremely important to play at least 5-6 slow chukkers prior to playing at the pace of a full game.

It is crucial to remember that consistency is of utmost importance. Create a schedule for the horses and maintain it.

It is also imperative to give polo ponies a rest period. This type of horse needs at least 1 month off twice a year. These breaks allow the horse to mentally and physically regroup.





# TRAILERING AND TRAVEL

Preparation of truck and trailer: Check air pressure in tires and abnormal wear on tires on both your truck and trailer. It may be a good idea to carry a second spare tire. Before a long journey, have the truck and trailer serviced. Pack hay, water, a first aid kit, extra halters, a bucket and any necessities you might need for the unexpected. Check that the hitch is properly connected, the safety chains are attached and the electrical plug is secure. Test your lights before leaving.

Secure your horses in the trailer. Do not overcrowd or allow too much room between horses, this will help eliminate injuries. Traveling in the cool hours can help minimize travel stress.

Fill the water tanks or bring bottled water if there will not be access to water.

If you will be staying overnight, be sure to inspect the enclosures for safety and security. It's a good idea to bring your own water buckets and feed if you can. If not, be sure to see horses have fresh clean water and that feed is provided.



*A "Trailer Aid" is a great tool to have on hand in your truck, and comes in handy if you need to change a tire roadside.*

Carrying the correct documentation is necessary when shipping horses. Requirements may vary from state to state. Common requirements are a Health Certificate and Coggins. Health Certificates are issued to horses not showing signs of contagious diseases and expire every thirty days. Coggins tests are performed to determine if your horse has Equine Infectious Anemia and are valid for 6-12 months depending on location.

Be aware of the amount of time your horse(s) will be spending on the trailer. It is recommended that horses should not be on a trailer for longer than 12 hours without being unloaded. Water should also be offered to the horses approximately every 4 hours.

If you are using a shipping company to haul your horse(s) be sure to have as many details as possible. It is good to ask if the hauler is licensed, if your horse is insured while in their care, how often they stop, how often the horses are checked and how often horses receive hay and water.

Equine Roadside assistance can be purchased through companies such as U.S. Rider.

# BEFORE/ DURING/ AFTER A GAME

## BEFORE

Prior to a game, horses should be safely tied in the shade, if possible and offered a drink of water, especially if you have traveled long distance. Securely tie your horses to a safe and solid location, the trailer hooks or tie rail. Use a piece of bailing twine or safety release snap attached to the hook to secure your lead rope in case your horse pull backs or needs a quick release. Hang up your halter after removal from your horse to prevent another horse stepping into it and becoming entangled.



Bandaging your horses legs is important. Be sure your polo wraps are applied correctly to help reduce the risk of a tendon bow. The USPA requires the horse has front wraps for play but it is advisable to wrap the hinds as well to prevent injury from another horse clipping it from behind or getting hit by the ball. Be sure to keep Velcro fasteners clean and free of thread so they will stay secure and keep bandages from unraveling during play. Entanglement can be very dangerous to both horse and rider. Tendon boots are

a good addition to polo wraps and help hold the bandage in place. While bandaging, inspect the legs for any cuts, swelling or bent shoes.

If you tack up all of your horses at once, don't start too early so your horses will not be saddled for extended periods of time. Once tacked, be sure to leave the girth loose, not dangling and keep the stirrup irons raised and secure loose reins around the irons. If a horse gets loose it is best to have the saddle secure enough that it will not slip and alarm the horse. Wait to tie tails until needed. Hang bridles out of the sun as the bit can become hot very quickly. While tacking, inspect your tack for damage and see that each horse has its appropriate bridle, adjusted properly. Check your saddle billets for any cracks or breakage. Be sure the pommel of your saddle has clearance on the withers. White hairs and open sores indicate the saddle does not fit properly.

If tying your horse's tail with tape be sure that it is not so tight that it might cut off circulation to the tail

## DURING

During the game be conscious of the horse's condition. If the horse is exhibiting any behavior that seems unusual, ask the umpire for a time out. When a horse is playing multiple chukkers or half chukker, allow ample time in between for the horse to rest before resuming play. Loosen the girth and apply cool water with a sponge if the horse is hot. Tie in a shaded area, if available.

Use any timeouts or time for penalties to let your horse rest. If there is a game delay, return to the trailer, get off your horse and allow it time to rest.

## AFTER

Be sure to untack your horse as soon as possible. Remove all tack, leg wraps and untie the tail.

After the game, rinse the horse off to remove excess sweat. If the day is cold and windy it is preferable brush your horse instead of rinsing it with water. Apply blankets, coolers or sheets for protection from chill.

It is suggested to hot walk your horse after playing. Walk the horse with the girth loose or tack completely removed until the horse is no longer breathing heavily.

Check your horse for injury from mishaps that may have occurred during the game: a hit by the ball, a hard ride off etc.

If staying at the field after a game, tie horses securely in a shaded area, making sure they are not standing in direct sunlight or standing on a hot trailer and offer each horse water if possible. Be sure they are supervised at all times. Do not leave the area with horses left unattended.



# END OF THE SEASON

## FIFTY CHUKKERS

By Paul Wollenman

During the Florida winter polo season, there was a time when we used to see a good deal of lameness in ponies caused by bowed tendons. This was commonly a matter of conditioning—horse owners didn't arrive in Florida with sufficient time to condition their horses before the start of the winter season.

Today, conditioning methods have improved and we don't see much of the bowed tendon, but in its place is a more serious affliction, one whose primary cause is too much polo. The condition is referred to by laymen as osselets (a degenerative disease of the fetlock joint), and the malady is usually accompanied by damage to the sesamoids—two pecan-shaped bones that sit behind the fetlock—and to the suspensory ligaments. I refer to the comprehensive damage as fetlock suspensory apparatus syndrome.

I find that somewhere around the 50th chukker, we begin to see signs of sore suspensories, sore sesamoids and general inflammation of the fetlock joint capsule.

To understand the very serious threat that suspensory apparatus damage poses, you should first have some understanding of the leg's mechanics. The suspensory ligament runs along and for several inches above the back of the cannon bone, where it branches to join each sesamoid bone. And then the ligament veers forward to help join the long pastern bone to the horse's leg. It is this combination of bones, joints and ligaments that enables the horse's rather spindly four-inch wide ankles to support a 1,000-pound body in full motion on the polo field, as well as standing relaxed in the pasture.

You need only observe a horse at full gallop to appreciate the stress that his legs absorb. His weight-bearing legs, each in turn, can stretch to the point that the fetlock nearly touches the ground. Given the demands of polo, we shouldn't be surprised to see fractured sesamoids, fetlock chips and fractured pastern bones. Nowhere is it more true than an ounce of prevention is worth a pound of cure.

Based on my observations in Florida, there seem to be two types of horses that experience suspensory and fetlock problems, the first being those who arrive with old ankle injuries that get sore as soon as the "legging up" process, or early play, begins. I liken then to a truck traveling on a bad tire that will eventually pop as soon as the truck is overloaded.

The second candidate is the nice clean-legged horse who arrives in peak form, and plays and plays and plays. Then, in the middle of a seemingly harmless practice chukker, the horse pulls up with a fractured sesamoid.

It is this constant wearing and pulling on the sesamoids as the horse runs that lead to damage. It's not unlike bending a paperclip back and forth repeatedly. You may bend it 10 times and it still looks normal. You may bend it 15 times and

it will still appear normal, although under close inspection some microfractures might be visible. And then you may bend in the 16th time and it will snap. So, even the best conditioned pony may play polo time after time with no noticeable limp, but if you tax him beyond his limitations, trouble will occur.

Luckily, there are methods you can employ to gauge the soundness of your horse's legs. You can "ask" him if his ankles feel well by manually flexing them and holding them in a flexed position for 30 or more seconds and then trotting him off. If you do this with a healthy horse, he probably won't exhibit any discomfort. If he has some degeneration, some weakness, stiffness or undetected microfractures, however, he will either limp or object to the detection process. Make it a practice to check him before play and avoid playing him if he exhibits signs of pain.

You can also pick up the horse's leg, bend it at the knee so that no weight bears on it and palpate the suspensory tendon by pinching it in several places up and down the back of the leg to detect any tenderness. Of course, you'll have to make allowances for an otherwise flinch horse. The best procedure is to quickly pinch on the suspensory from mid-cannon down to the ankle. Usually soreness is detected at the point where the suspensory divides to each sesamoid.

Naturally, if the horse exhibits tenderness, it is best not to play him. You don't necessarily have to take him out of work, but you need to

take him out of some polo games. When a horse approaches his 50th chukker in a season, it is time to make a serious appraisal of his condition, and it becomes increasingly important to check the fetlock and suspensory areas for any sign of pain. Despite the prevailing attitude that practice games don't count, they do indeed count. Most practice games are played in earnest, and the stress to the horse is just as severe as if he were in a high-goal competition.

Observe the 50th chukker rule and spare your mount the possibility of pain and permanent damage.





# USPA Drug Protocol Information

Dear USPA Member:

In 2011, The USPA with unanimous support from the Board of Governors and the Executive Committee initiated a responsible action to protect all of the horses participating in the sport of polo. You, as a member of The United States Polo Association have been randomly selected by a USEF designated Veterinarian to have your horse or horses drug tested, at no cost to you. This handout is a quick reference to inform the owner or player of the horse(s), what is required of the owner to comply with our drug testing protocol. A full list of the drug and medication rules as well as testing procedures/protocol can be read in a current USPA rules book, viewed online at our [USPA.org](http://USPA.org) website or read in the Polo Pony Welfare Guideline Handbook. This handout is intended to help clarify the duties of the testing Veterinarian. We appreciate your full cooperation and support to enable the clinicians to complete their task as quickly and efficiently as possible, to allow you to resume normal operations and care for the horses. Should you have any questions please contact your club Equine Welfare Representative or the USPA office.



# USPA DRUGS AND MEDICATIONS FAQ

**Who is responsible? Owner, player, manager, lessee... anyone with USPA Membership competing in USPA sanctioned events:**

**Parties Responsible 6.1**

The Owner and Player of the horse, as well as all parties defined in Rule 6.2. and the subparts thereof are accountable for the condition of the horse and compliance with these Rules. In the absence of substantial evidence to the contrary, all of those parties are also responsible and accountable under the disciplinary and penalty provisions of the USPA Rules and or By-Laws. They are additionally responsible for guarding each horse at and sufficiently prior to a USPA event, so as to prevent the administration by anyone of, or its exposure to, any Prohibited or Restricted Drug or Substance. The parties responsible under these Rules are presumed to be aware of all the provisions of these Rules and all other rules and regulations of the USPA and the penalty provisions of those rules and regulations. A violation of these Rules shall be considered a Conduct Violation under applicable USPA Rules and/or By-Laws.

**Drug Testing Procedure and Responsibilities of USPA Member:**

**Testing Procedures and Protocol 7.1**

At any given USPA event, the USPA may designate a licensed Veterinarian who is accredited by the United States Equestrian Federation (the "Sampling Veterinarian") to take samples from one or more horses competing or performing at that event.

**Owner Player Responsibilities 7.2**

The Sampling Veterinarian shall, at any time after conclusion of the USPA event, inform the Owner or Player that a given horse is to be subject to blood sampling. Upon such notice by the testing Veterinarian, the Owner or Player must ensure that the horse does not leave field side until the sample has been taken.

**Samples 7.4**

Two samples shall be taken from each horse by the Sampling Veterinarian: Both shall be securely labeled with the date and location of the competition, breed, sex and approximate age of the horse, but only with a code designating the owner and horse's name, which code shall be known only to the USEF but not to the USEF testing laboratory.

**Conduct violation 8.1.4**

Conduct Violation triggered by a violation of these Rules shall proceed under the Disciplinary provisions of USPA By Law 11.B. which apply to violations of these Drugs and Medications Rules.

**Use of Guidelines and Comments 9**

The USPA has provided herein certain GUIDELINES and COMMENTS with these Rules. Then GUIDELINES and COMMENTS are provided to assist the Owner, Player and other responsible parties as well as the Veterinarian with the interpretation and application of these Rules. However, these GUIDELINES and COMMENTS are neither intended to nor should be construed as rules by themselves nor as defenses to any finding of a violation of these Rules.

\_\_\_\_\_  
USEF appointed Veterinarian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
USPA polo event

\_\_\_\_\_  
Club Name

\_\_\_\_\_  
Licensed in the State of

\_\_\_\_\_  
Assisting Technician

# PROCEDURE FOR REMOVAL OF INJURED OR DOWNED HORSE

1. The determination that a horse needs to be removed from the field by equine ambulance or designated trailer will be made collaboratively by any or all of the following, depending on who is on site: the official veterinarian, an umpire, the equine welfare representative, the polo club manager and/or the horse owner.
2. During this process, if there is a public address system, the announcer should refer to the ambulance dispatch script (provided on the next page).
3. Once the decision is made, the equine ambulance will be dispatched and the designated official(s) will prepare the horses and players for the approaching ambulance.
4. As soon as possible, the injured or downed horse shall be blocked from spectator view with the use of such items as: tarps, motor vehicles, trailers, or players.
5. The ambulance will return to the polo grounds as soon as possible, once the horse is removed from the ambulance.
6. Other considerations:
  - a. Should it be necessary to euthanize the horse, the horse owner should sign a consent to euthanize.
  - b. If a veterinarian is not onsite, one should be contacted immediately and the horse evaluated as soon as possible.
  - c. The equine welfare representative will be instrumental throughout the entire process of removing the horse from the field. Their responsibility will be as a liaison to all of the parties involved, while overseeing the entire situation from start to finish, with a strong emphasis on the care of the horse as well as consideration of the horse owner and spectators.

# EQUINE AMBULANCE DISPATCH SCRIPT

## To be used during removal of an injured or downed horse

Note: This format may also be used for a human ambulance dispatch

The determination that the horse needs to be removed from the field by equine ambulance will be made collaboratively by any or all of the following depending on who is on site: the official veterinarian, the equine welfare representative polo manager and horse owner.

- Once this decision has been made, the announcer will be notified immediately
- After the announcer has been notified, he will inform the public by making the following announcement: “I have just been notified by the officials that the mishap on the playing field will require the assistance of the equine ambulance and veterinarian team. In order to expedite the process, it is ABSOLUTELY essential that everyone remain off of the playing field unless specifically summoned to assist by an official. Thank you for your cooperation. I shall keep you informed of any details as they are made available. Our goal is to appropriately tend to the polo mount as necessary and to return to the game as promptly as possible.”
- Include a 1 - 2 minute pause.
- The host club can also use this time to thank sponsors and fill time to the best of their judgment.

Appropriate updated information will be announced as it becomes available.

Example: “Ladies and gentlemen, I have just received word that the injury appears to be minor; however, the decision has been made to transport the mount by Equine Ambulance to a Veterinary Hospital.”

# ANNOUNCER PROCEDURE FOR THE LOSS OF A HORSE

The announcer will solemnly ask for the attention of the crowd and announce that he/she has a very unfortunate update on the status of the injured equine partner.

“Ladies and gentlemen, I regret to inform you of the tragic loss of one of our beloved equine partners. You were invited here today to share the exhilarating and elegant sport of polo to which, we as competitors, have devoted a great portion of our lives. At the heart of this sport is the horse and the relationship we share with our equine partner. It is a bond that begins when we, as polo players, adopt the horses from racetracks, farms, breeding farms and adoption facilities. Together we start a journey of riding every day, training each other and striving to become a better and more fulfilled athlete than we were the day before. This relationship can last the duration of one or both of our lives. Sometimes, and thankfully not very often, this lifelong bond ends far too soon and tragically, as we have witnessed here today. This is especially tragic for the player involved.

At this time of loss, we ask that you respect the horse’s partner and extended family and join us in a moment of silence dedicated to the memory of this beautiful horse.”

Suggestion: include an appropriate reading or poem.

# **SAMPLE ACKNOWLEDGEMENT AND ACCEPTANCE OF EQUINE WELFARE GUIDELINES AND ATTACHMENTS**

I \_\_\_\_\_ acknowledge that I have read and agree to abide by the United States Polo Association By-Laws, Constitution, Rules of Outdoor and Arena Polo, Rules Interpretations, Tournament Conditions, Umpire Guide and the appropriate state animal anti-cruelty law.

Failure to comply with this agreement may result in disciplinary action at \_\_\_\_\_  
(Host USPA Member Club).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form is to be used by polo clubs for their members to sign off acknowledging that they have read this handbook.





# CLUB/ CIRCUIT CLINT NANGLE AWARD FORM

Clint Nangle Equine Welfare Award is presented by the Association to a recipient who has demonstrated excellence in the field of equine welfare.

Club Award- Awarded by Club Delegate

Circuit Award- Awarded by Circuit Governor

National Award- Awarded by USPA Chairman

For the Year \_\_\_\_\_

CLUB: \_\_\_\_\_

PLEASE PRINT or TYPE INFORMATION

MEMBER'S NAME: \_\_\_\_\_

EXPLANATION FOR NOMINATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLUB PRESIDENT \_\_\_\_\_

DELEGATE/ CIRCUIT GOVERNOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Must be received by December 31 of each year

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# REFERENCES

Animal Cruelty Statutes:

[www.nationalaglawcenter.org/state-compilations/animal-cruelty](http://www.nationalaglawcenter.org/state-compilations/animal-cruelty)

State Animal Cruelty Law Information:

[www.straypetadvocacy.org/PDF/AnimalCrueltyLaws.pdf](http://www.straypetadvocacy.org/PDF/AnimalCrueltyLaws.pdf)

Carcass Disposal:

[www.vetca.org/lacd/index.cfm](http://www.vetca.org/lacd/index.cfm)

American Association of Equine Practitioners:

[www.aaep.org](http://www.aaep.org)

Body Condition Scoring:

[www.msucare.com/livestock/equine/pdfs/p2465-horses.pdf](http://www.msucare.com/livestock/equine/pdfs/p2465-horses.pdf)

[www.thehorse.com/videos/30355/whats-your-horses-body-condition-score](http://www.thehorse.com/videos/30355/whats-your-horses-body-condition-score)

[www.thehorse.com/free-reports/30154/equine-body-condition-score-poster](http://www.thehorse.com/free-reports/30154/equine-body-condition-score-poster)

Hay Nutrient Testing:

[www.omafra.gov.on.ca/english/livestock/swine/facts/03-007.htm](http://www.omafra.gov.on.ca/english/livestock/swine/facts/03-007.htm)

Fecal Testing Kit:

[www.smartpakequine.com/pt/equine-fecal-test-kit-10409](http://www.smartpakequine.com/pt/equine-fecal-test-kit-10409)

Equine Roadside Assistance:

[www.usrider.org](http://www.usrider.org)

Equine Trauma Kit:

<http://uspolo.org/about/polo-pony-welfare>

Other Useful Links:

[www.aaep.org/-i-158.html](http://www.aaep.org/-i-158.html)

[www.aaep.org/info/horse-health?publication=2172](http://www.aaep.org/info/horse-health?publication=2172)

[www.valleyvet.com/library/si\\_horse\\_vaccine.html](http://www.valleyvet.com/library/si_horse_vaccine.html)

[www.equirab.com/pdf/Vaccination\\_Brochure.pdf](http://www.equirab.com/pdf/Vaccination_Brochure.pdf)

[www.equineguelph.ca/Tools/app.php](http://www.equineguelph.ca/Tools/app.php)

# **EQUINE WELFARE COMMITTEE INFO**

**Mark Sedacca - Equine Welfare Committee Chairman**  
**Lindsay Dolan- Equine Welfare Committee Staff**

## **Sub Committees:**

**Drugs & Medications- Mike Manno, DVM**  
**Equine Welfare Publications- Aimee Waters**  
**International- Clint Nangle**  
**Unwanted Horse- Lydia Sudick**

## **Committee Members:**

**Neil Agate, Avery Chapman, Tim Dutta, Tania Evans,  
Brittany Halstead, Keller Henderson, Sue Lulashevich,  
Kirsten Ludwig, Mike Manno DVM, Mary Muldoon,  
Gwen Rizzo, Cissie Snow, Lydia Sudick, Kathleen Timmons,  
Aimee Waters, Dawn Weber, Jessie Weir, Gillian Young**

# CLUB EQUINE WELFARE REPRESENTATIVES

Acoaxet Polo Club- Stephanie Still  
Adirondack Polo Club- Lonnie Cross  
Aiken Polo Club- Grayson Brown  
Alfred State Polo Club- Terry Melenbacher  
Amwell Valley Polo- William Patrick Clark Jr.  
Arizona Polo Club- Diego Florez, DVM  
Army Polo Club- Mark Gillespie  
Arrowhead Polo Club- Steve Cox  
Aspen Valley Polo Club- Lisa Ramirez  
Atlanta Regional Polo Center- Jolie Liston  
Azteca Polo Club- Diego Florez, DVM  
Barefield Polo Club- Kate Mulligan  
Barrington Hills Polo Club- Megan West  
Battlefield Park Polo Club- Delora Burner  
Being the Change Polo Club- Dan Coleman  
Bella Vista Polo Club- Dr. Josh Hall  
Bend Polo Club- Henri du Toit  
Bendabout Farm Polo Club- Skeeter Baker  
Big Horn Polo Club- Perk Connell  
Black Diamond Polo Club- Dylan Foster  
Blackberry Polo Club- Sandra Barbier  
Bliss Polo Club- Polo Baez  
Bloomfield Polo Club- Will Orthwein  
Bluewater Creek Polo Club- Brett Brown  
Boston Polo Club- Michael Bucci  
Boulder Polo Club- Christine Mayer  
Brandywine Polo Club- Patricia Sertich  
Bridgehampton Polo, LLC- Nick Manifold  
Brown University Polo Club- Agnes Keating  
Brownsboro Polo Club- Laura Hampton Wilhem  
Cal Poly Polo Club- Megan Judge  
Calgary Polo Club- Rob Roenisch  
California Polo Club- Rodney Fragodt  
Capitol Polo Club- Drive Javier Donatelli  
Carrollton Polo Club- Steve Stana  
Cascade Polo Club- Daniel Harrison DVM  
Cedar Valley Polo Club- Tammy Van Der Burgt  
Celebrity Ranch Polo Club- Geraldine Strunsky  
Central Coast Polo Club- Megan Judge  
Central New York Polo Club- David Eldredge  
Cerro Pampa Polo Club- Charles Thieriot  
Charlottesville Polo Club- Lauren Connors  
Chetwood Park Polo- Stephen Seager  
Chukkar Farm Polo Club- Elisa Cashin  
Cincinnati Polo Club- Mary Wilkens  
Club Polo Cabo- Tony Yahyai  
Colorado State University- Dr. Jason Bruemmer  
Columbine Polo & Eq. Center- Hernan Pedano  
Columbus Polo Club- Sheila Everett  
Cornell Polo Club- David Eldredge  
Country Farms Polo Club- Bob Ceparano  
County Line Polo Club- Seth Bray  
Crestview Polo Club- Alan Meeker  
Crossfire Polo Club, LLC- KC Beal  
Culver Academies Polo Club- Edgar Little  
Dallas Polo Club- Bil Walton  
Darlington Polo Club- Juliette Powers  
Deer Creek Polo Club- Mike Manno, DVM  
Denver Polo Club- Erica Gandomcar  
Derry Heir Farm Polo Club- Robert Donahey  
DI Polo Club- Larry Britt  
Diamond B Polo Club- Chrys Beal  
El Sur Polo Club- Dominic State  
Eldorado Polo Club- Mike Manno, DVM  
Empire Polo Club- Kevin Ittig/Mike Manno  
Everglades Polo Club- Nicholas Morrison  
Fair Hills Polo & Hunt Club- Graydon Brittan  
Fairfield County Hunt Club- Robyn Pavone  
Fairfield Polo Club- Jason Kiser, DVM  
Flying H Ranch Polo Club- Paul Wollenman, DVM  
Fort Worth Polo Club- Ralph Manning  
Fox Meadow Farm Polo Club- Jack Murphy  
Foxlease Polo Club, LLC- Julia Steiner  
Gardnertown Polo Club- William Dencker  
Garrison Forest School Polo Club- Cindy Halle  
George Washington University- Dori Burner  
Georgetown University Polo Club- Amir Pirasteh  
Giant Valley Polo Club- Andrew Flint, DVM  
Glen Farm Polo Club- Ted Torrey  
GPL Polo Club- Chip McKenney  
Grand Champions Polo Club- Melissa Ganzi  
Grants Farm Manor Polo Club- Andrew Busch  
Great Meadow Polo Club- Kathleen Timmins DVM  
Greenwich Polo Club- Nick Manifold  
Gulfstream Polo Club- Ted Brinkman  
Harvard University Polo Club- Marina Lehner  
Haviland Hollow Polo Club- Paul Kuhn  
Hawaii Polo Club- Bob Hogan  
Heritage Farm Polo Club- Charles Hutchinson  
Hickory Hall Polo Club- Bruce McDavitt, DVM  
Hillside Farm Polo Club- Margaret Paur  
Honolulu Polo Club- Elizabeth Cambra  
Horse Park Polo Club- Danny Dutton  
Houston Polo Club- Danny Dutton  
International Polo Club PB- Paul Wollenman, DVM  
Jackson Hole Polo Club- Craig Ramsby  
Jamaica Polo Association- Lesley Ann Fong-Yee  
Jan Pamela Farms LLC- Lester Armour  
La Conner Polo Club- Ernie Darquea  
La Posta Polo Club- Mario G. De Mendoza III  
LaGrande Polo Club- Melissa Joseph  
Lakeside Polo Club- Sue Landis  
Langdon Road Polo Club- Kylie Sheehan  
Las Canchas Polo Club- Jorge Raul Molina  
Las Palmas Polo Club- Eduardo Barco  
Left Hand Polo Club, LLC- Govinda Quish

# CLUB EQUINE WELFARE REPRESENTATIVES

Lexington Polo Association- Trey Schott	San Patricio Polo Club- Fred G. Yates
Little Egypt Polo Club- BR Cato DVM	Santa Barbara Polo Club- Melanja Jones
Louisville Polo Club- Nick Rennekamp	Santa Clara Polo Club- Luis Escobar
Madison Polo Club- Lauren Alderman	Sarasota Polo Club- Howard Larson
Margaritaville Polo Club- Margaret Holland	Saratoga Polo Association, LLC- James Rossi
Mariposa Polo Club- Michael Scott	Saskatoon Polo Club- Heather Ryan
Maryland Polo Club- Cindy Halle	Seattle Polo and Equestrian Club- Ben Smith
Mashomack Polo Club- Juan Olivera	Shannon Hill Polo Club- Dani Wasty
Maui Polo Club- Dr. Brian Atwell	Silver and Saddles Polo Club- Phil Heatley
Mauna Kea Polo Club- Lori Bergin	Sioux Falls Polo Club- Bridgette Trabits
Meadowview Farm Polo Club- Sarah Knapp	Skaneateles Polo Club- Billy Raab
Memphis Polo Club- Edmund James	Skull Valley Polo Club- Carolyn Harris
Menlo Polo Club- Sinead Devine, DVM	South Bay Polo Club- Francesca Finato
Middleburg Polo Center- Ilene & Tenzin Tognini	South Texas Polo Club- Logan Johnson
Midland Polo Club- Amy Evans	Southampton Polo Club- Ted Oslager
Milwaukee Polo Club- James O. Huber	Southern Methodist University- Tom Goodspeed
Montana State University- Kris Clawson	Springfield Polo Club-CA- Spencer Smith
Morgan Creek Polo Club- Angelo Kleronomos	St. Louis Polo Club- Anne Branscum
Mountain View Polo Club- Laura Goddard	Stage Hill Polo Club- Joyce Dostale
Myopia Polo Club- Kimberly Maguire	Stanford University Polo Club- Heather Lake
Natania Farm and Polo Club- Amir Pirasteh	Stonebriar Polo Club- Isidro Olivas
New Bridge Polo Club- Richard W. Hartnett Jr.	Sugarbush Polo Club- Jed Peter Lipsky
New Orleans Polo Club- Jay Addison	Tacoma Polo Club- Sarah Perkins
North Scottsdale Polo Club- Ward McDaniel	Tampa Bay Polo Club and School- Anne Branscum
Oakdale Polo Club- Michael O'Ferrall	Temecula Valley Polo Club- Mike Manno, DVM
Okanagan Polo Club- Dr. Alex Wales	Texas Military Polo Club- Doug Brunet
OKC Polo Club, LLC- Dr. Larry Powers	Texas Tech Polo Club- Ashley Beyer
Old Oak Brook Polo Club- Lori Schenthaller	The Villages Polo Club- Carlos Zamora
Orange County Polo Club- Heather Perkins	Toronto Polo Club- Cliff Sifton
Overbrook Polo Club- Clint Nangle	Triangle Area Polo Club- David Brooks
Oxford Polo Club- W. Lord Lyall IV	Tulsa Polo Club- Shirley Martin
Palm Beach Polo Club- Scott Swerdlin DVM	Twin City Polo Club- Robbin Figge
Palm City Polo Club, LLC- Lindsay Dolan	Twin Palms Polo Club- Mike Manno, DVM
Pecan Acres Polo Club, LLC- Tim Kelly	UCONN Polo Club- James E. Dinger
Peoria Polo Club- Jesse Weaver	Union Hill Polo Club- Andy Bashkin
Pie Town Polo Club- Daniel Coleman	United States Military Polo Assn- Corrine Simmons
Play Polo Club, LLC- John Albers	U of Kentucky Polo Club- Scott Morrison
Point Clear Polo Club- Dr. Bercier	Uof Massachusetts- Hillary Mroz-Blythe
Polo Prive- Luton Hoo- Madghav Vadgama	U of Wisconsin- Madison- Rebecca Blackburn
Port Mayaca Polo Club- Laura Linford Townsend	Upatoi Polo Club- Auburn University Large Animal
Potomac Polo Club- Joseph A. Muldoon, III	Utah Polo Club- Ron Gustaveson
Prestonwood Polo & Country Club- Dena Miller	Victoria Polo Club- Murray Farmer
R & L Farms Polo Club- Rick Lontin	Virginia Beach Polo Club- Abigail Frye
Rancho Santa Maria Polo Club- Marlon Pimenita	Virginia International Polo Club- Maureen Brennan
Red Eagle Polo Club- Mary Muldoon	Wagener Polo Club- William Raab
Red Rock Rangers Polo Club- Peggy Christensen	Washington and Lee University- Leslie Wright
River Bend Polo Club- Mike McCleary	West Shore Polo Club- Max J. Hemp
Roaring Fork Polo Club- Michael Huber	White Swan Polo Club- Gratia Kent Brown
Rose City Polo Club- Brandon Alcott	Will Rogers Polo Club- Andrew Bossom
Rose Spur Polo Club- Randi Bolton	Wine Country Polo Club- Dr. Andrew Wirz
Roseland Polo Club- David King	Yale Polo & Equestrian Center- Liz Brayboy
San Antonio Polo Club- Dr. Mike Martin	Yale Polo Club- Liz Brayboy
San Diego Polo Club- Mike Manno, DVM	





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