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**Bringing  
home a  
rescue  
horse:**

*A veterinarian's no-nonsense advice*



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**T**he arrival of a new horse in your life is always exciting. The possibilities for your partnership stretch ahead like a sunlit road waiting to be traveled together. Acquiring a rescue horse, however, is very different from buying a healthy, sound horse who has had excellent care throughout his life. A rescue horse with an unknown past may behave in surprising ways, and his health may be compromised in ways that can never be fully restored. An owner of a rescued horse recently put it this way, "I guess that is the hard thing about rescue. You never know what is going to happen." The road ahead may have a few clouds along with that sun, and it may take some unexpected turns.

Through my veterinary practice, I have been along for the roller coaster ride that rescue cases often become. I have experienced the joy of nursing a horse back to health, and watching him become strong and confident. I have also watched horses die despite every person's best efforts to save them. And, while there are no guarantees, I know rescue horses do best when owners have up-to-date information and a network of support.

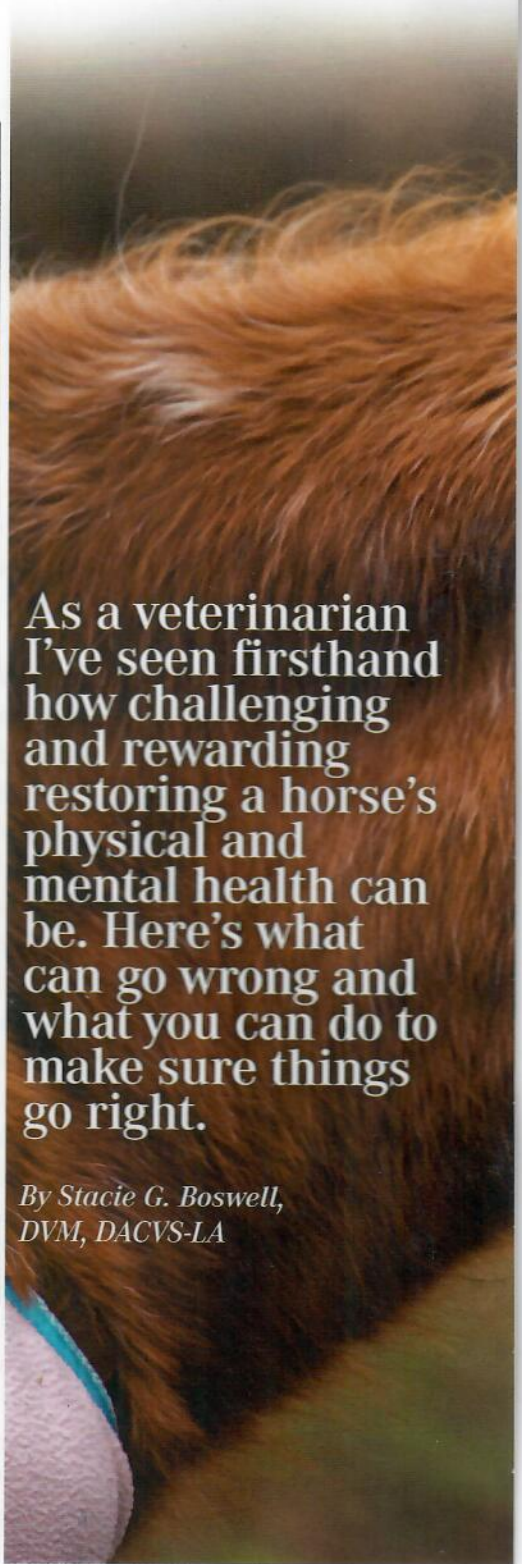
The American Association of Equine Practitioners (AAEP) has published and regularly updates Care Guidelines for Equine Rescue and Retirement Facilities. These guidelines provide a road map, which veterinarians follow as much as possible. But each rescue horse is unique. You'll need to be ready to adapt to each horse's needs and circumstances. Taking on a rescue horse requires patience and dedication, and it can be one of the most rewarding experiences a horseperson can have. Here's my advice for how to begin.

## ATTEND TO BASIC HEALTH NEEDS

As soon as you take legal ownership of a rescue horse, ask your veterinarian to conduct a full physical exam. Ideally, you'd schedule this ahead of time and can have it done the very same day the horse comes into your possession. If you adopted the horse through a rescue organization, he

probably has received some veterinary attention and records may be available. But you'll want your own veterinarian to get to know the horse. A one-on-one visit may also provide a more in-depth assessment than was possible by a busy rescue organization.

Your veterinarian will give the horse a full workup, from lungs to lameness to eyesight, and perhaps suggest having bloodwork done. He or she will also be



As a veterinarian I've seen firsthand how challenging and rewarding restoring a horse's physical and mental health can be. Here's what can go wrong and what you can do to make sure things go right.

*By Stacie G. Boswell,  
DVM, DACVS-LA*

# Rescue horse



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# confidential

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able to estimate the horse's age, which is one of the first questions everyone seems to have. Remember, though, that age can only be estimated, and the older the horse, the less accurate the estimate will be. The completed exam will help establish a health record as well as identify any existing or potential problems. You'll want to have a complete picture of the challenges you may face so you can prioritize care and resources. A veterinary visit can also have important legal ramifications if there is an ongoing case surrounding the horse's circumstances. A medical record is considered a legal document that your veterinarian is required by law to retain for a certain number of years.

It's smart to have any mare or filly checked for pregnancy during the initial

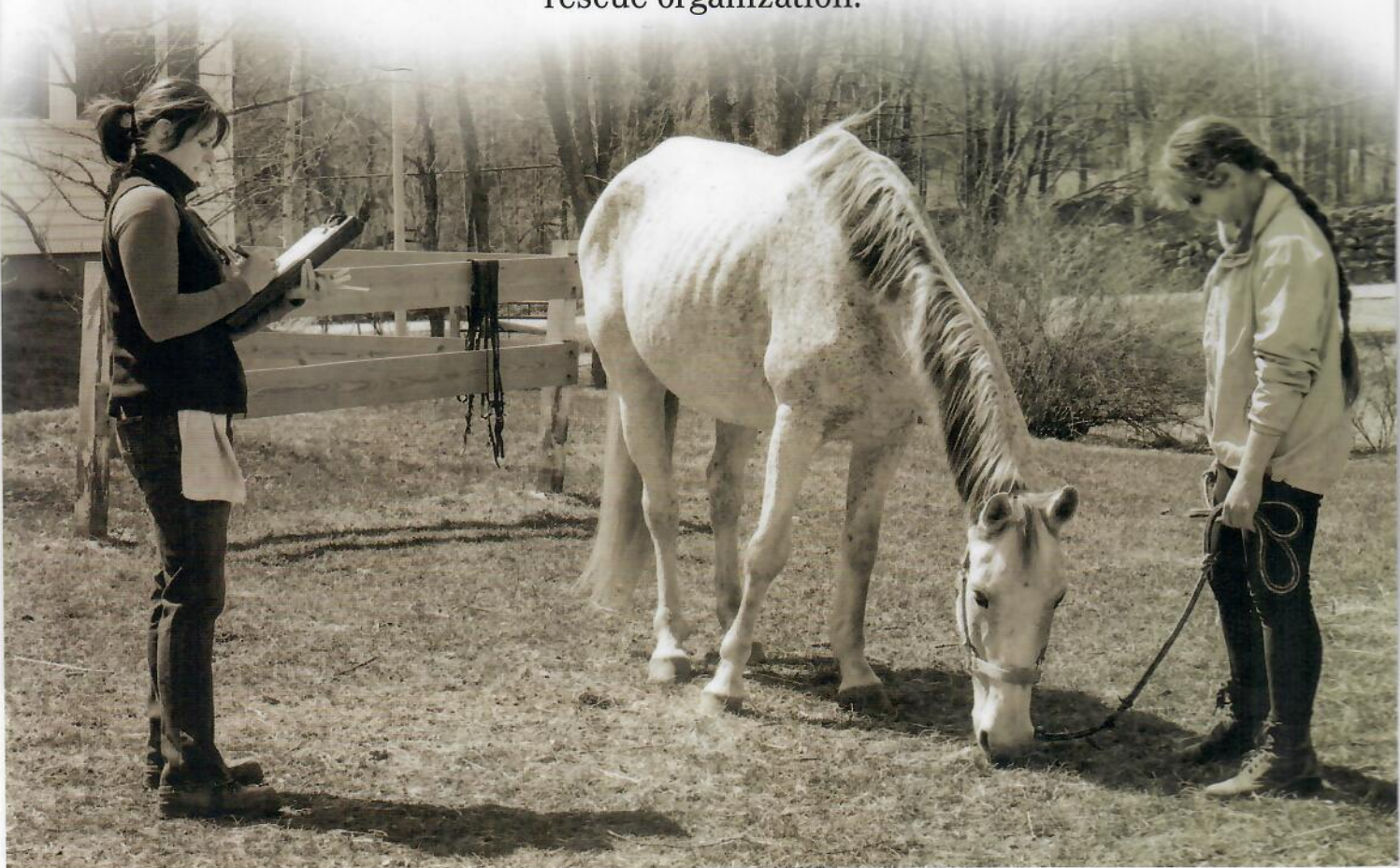
exam and then again in 30 days. Stories of rescuers being surprised by the arrival of a foal are not uncommon (see "Sweetie's Story," page 55). If the horse is a colt or stallion, talk to your veterinarian about getting him gelded as soon as his health stabilizes.

Also arrange to have your farrier come out as soon as possible. Many rescue horses have not had hoof care

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in a very long time. You'll undoubtedly want an assessment of your horse's feet, and your farrier can help outline a long-term plan to improve them. If it looks like the horse may have had laminitis in the past, coordinating communication between your veterinarian and farrier is a good idea. You may decide to take a series of radiographs to serve as a "baseline" for comparison later.

A rescue horse will most likely have an unknown history and uncertain vaccination status. To protect other horses on your property, quarantine the newcomer for two to three weeks. Previously established groups can be maintained, however. For instance, if a rescuer acquires a group of yearlings, they can—and for their emotional well-being, should—continue to live together.



DUSTY PERIN

The primary purpose of quarantine is to prevent the spread of respiratory diseases such as equine herpesvirus or rhinopneumonitis, influenza and strangles (*Streptococcus equi*). Take the temperature of the new horse daily, if he's amenable to such handling, because a fever may occur before respiratory signs appear. Quarantine will also protect your herd from non-respiratory diseases such as salmonellosis. Ideally, the caretakers for the quarantined animals will not be the same people caring for healthy horses. At a minimum, the healthy horses need to be attended to first, then any horses that may have been exposed to disease but are not ill, and finally, any sick horses.

If he's healthy, a horse in quarantine can be vaccinated, which will give his immune system time to respond before he's given veterinary clearance to move to general housing. The exception to this may be an extremely thin horse, whose immune system may be compromised. It may make sense to delay vaccinations until his condition is stable.

Finally, if possible, supply your veterinarian with a manure sample from the horse during this initial visit. Not all rescued horses are "wormy," but you'll need to know the horse's parasite status to begin an appropriate deworming regimen. Your veterinarian can send the sample to a laboratory and help you interpret the result. Deworming the horse while he's still in quarantine prevents "high shedders" from contaminating your pastures.

## TACKLE IMMEDIATE HEALTH CONCERNS

The veterinary exam may reveal problems that need to be addressed immediately. Assuming the horse can be handled safely (see "The Untouchables," page 53) you can develop a treatment plan and begin right away.

Some of the most common illnesses in recently rescued horses are travel related. In the past decade, a nationwide network of horse rescuers has emerged. While this network allows resources to be pooled, sometimes it results in extensive travel for rescued horses. Any horse that is transported for more than four hours has an increased likelihood of developing shipping fever.

Wounds are another pressing concern. Horses that come from inappropriate housing are more likely to have sustained lacerations, especially on their lower limbs. Wounds and injuries can also occur during transport.

And, of course, there may be critical weight and nutrition issues. The sad reality is that many horses aren't fed well before they are rescued, and some are on the brink of starvation by the time help arrives. Refeeding often becomes the linchpin of restoring a rescue horse's health. As much as your heart tells you to place a big bucket of grain in front of a brutally skinny horse, you'll need to take a gradual, scientific approach to refeeding—under the supervision of your veterinarian—to avoid making the situation even worse.

In the early 1980s, as part of his graduate research, Don Henneke, PhD, published a semi-quantitative way of assessing and documenting fat or muscle coverage. This body condition score (BCS) system is a fairly objective and

If a horse has a body condition score of 3 or less, a veterinarian needs to devise a refeeding plan because eating too many concentrated calories too soon can put him at risk of respiratory, heart and kidney failure.



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useful method for monitoring weight changes. It can also help legally document that a horse has had inadequate nutrition. A BCS of 4 to 6 is considered "standard of care." Less than 3 is considered malnourished, and a BCS of 1 is a state of severe starvation. Horses that score a 7 or above are considered overweight or obese.

When a horse has a BCS of 3 or less, a veterinarian needs to devise a refeeding plan because these horses can develop respiratory, heart and kidney failure if allowed to eat too many concentrated calories too soon. Their rations will need to be increased extremely slowly, beginning with one pound of

**A rescue horse overcoming past trauma can be difficult to train. The memory of bad experiences can stay with him for a lifetime.**

alfalfa six times daily. Feeding grain or weight-building supplements too early can have serious consequences, including death because organs weakened by starvation cannot handle the stress of processing and digesting nutrients (see "Cookie's Story," page 54).

Beyond the physical challenges, not having enough food can be a significant source of mental stress for the horse. He may never behave normally at mealtime (more about that later). It is also important to realize that the gut, like other tissues in the body, may not function properly after extreme starvation. This may mean that the horse always struggles to keep weight on,

even after years of proper feeding.

If a horse is rescued in winter, you'll have another weight-related challenge to contend with: An extremely thin horse will have trouble staying warm. Even with a heavy winter coat, a horse with a lower BCS has less natural insulation from the cold. As a general rule, a horse with a BCS of 3 needs a blanket when the temperatures dip below freezing and a horse with a BCS of 1 or 2 will need one when it's below 40 degrees Fahrenheit. Blankets need to be clean

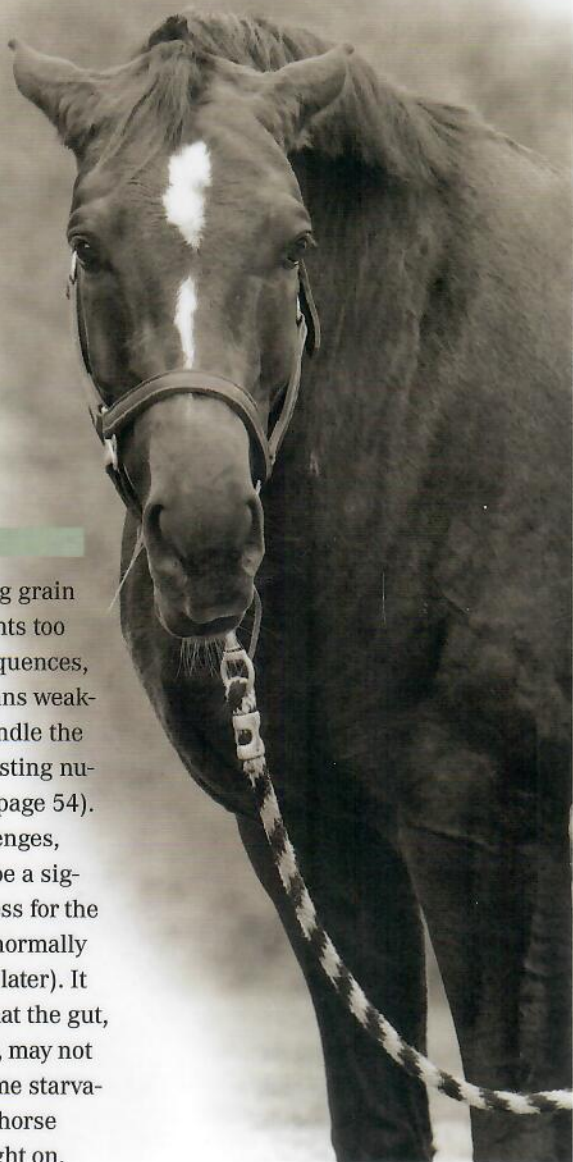
and dry and removed daily so the horse can be inspected and groomed. It may seem easier, and even kinder, to keep a thin rescue horse in a tightly closed, warm barn when the temperatures drop, but that can lead to respiratory troubles in the healthiest horse. A recovering rescue horse needs to be out in the fresh air, even when it's very cold.

## ESTABLISH TRUST THROUGH ROUTINE

The health needs of a rescue horse are only half the equation. You will also, probably simultaneously, have to contend with behavioral and training issues. Not only is being able to safely handle a rescue horse critical to providing him care immediately after his arrival, but it will serve as a foundation for future training that will help him achieve and maintain a more secure place in the world.

An untrained horse is typically fairly straightforward to teach because he is a clean slate. A rescue horse overcoming past trauma can be difficult to retrain. The memory of the bad experience can stay with him for a lifetime. An untrained horse may need 20 to 30 repetitions to master a task, but a rescued horse may need 200 to 300 repetitions to master the same task willingly and without fear.

Other horses will help with the initial socialization process. Once a horse is out of quarantine and you introduce him to your herd, he will settle into his place in the hierarchy. Be aware, however, that the process isn't always comfortable to watch. The rest of the horses don't know his history and aren't going to treat him gently because of it. The established herd members will always chase the new horse for a period of time. The new herd member may not end up on the bottom, but the horse at the

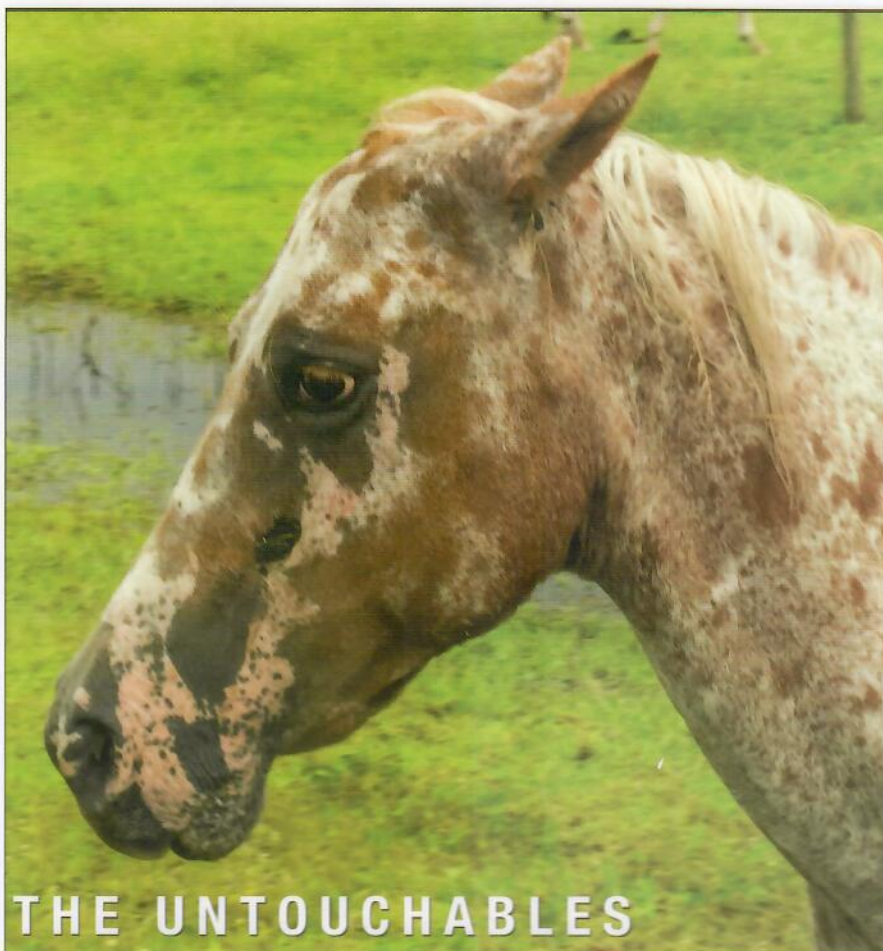


bottom of the current herd is often the one to chase the new one the hardest and for the longest period. This is the natural course of horse socialization in a domesticated environment. In nearly every case, however, things will settle down after four to eight weeks.

As for building trust, your delivering food and water regularly will go a long way for a horse whose needs were not previously met. This approach is easy but can have a wrinkle: A great many rescue horses have mealtime anxiety. It's easy to understand why—they are worried they may not see another meal, ever, and will protect this one at all costs. This can lead to aggression toward humans and horses around him as he eats. It can also cause the horse to bolt his food, leading to choke. While there are techniques for preventing choke in any horse—such as using specialized feeders to slow intake—the underlying anxiety also needs to be addressed.

To tackle mealtime anxiety, create an environment where the horse feels secure. This might be in a quiet stall at the end of the barn, where he can see and hear other horses, but he feels safe in his own space and does not need to defend his food. It may be best to place the food in the stall and then bring the horse to it. This eliminates pawing, aggression, stall kicking and other unwanted behaviors while the horse is waiting on his meal to be served. However, he might become panicked and unruly while being led to food, particularly in the early days after his rescue. Every situation is different and may change; be prepared to tweak the process as the horse progresses. You will not train a horse to not be food aggressive. You merely manage the situation until he is not.

Which brings us to a word about punishment: Punishment, such as



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## THE UNTOUCHABLES

A rescue horse who is untrained and fearful but needs medical attention is one of the most difficult situations to deal with. It's also a situation that can sneak up on you. When a horse is truly sick—for example, a thin horse who also has a severe pneumonia—he is actually much easier to handle. Sadly, he may just not have

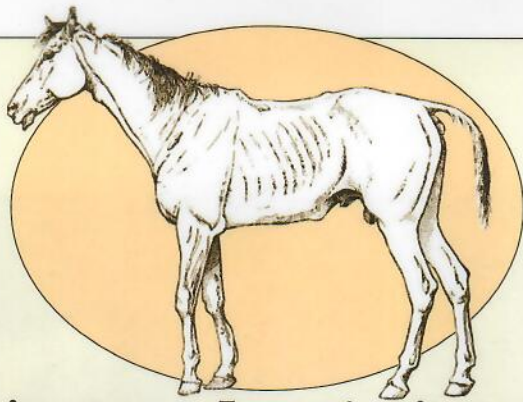
enough energy to fight. As the horse gets stronger, he can finally act on his fears and the trouble begins.

If the fearful rescue horse truly needs medical care, sedation that is administered orally with grain can help. As a last resort, a veterinarian with sedation from a distance may be needed. If your veterinarian isn't familiar

with these techniques, he or she may be able to consult with one who is used to dealing with exotic animals. This situation is a choice between stressing the animal and possibly causing more injury or harm, versus the odds that the horse will recover with his own immune system and oral medications in feed.

yelling at or hitting a horse in response to unwanted behaviors, is the least effective way to train and is particularly destructive in rescue horses. Punishment of a horse who has a history of abuse is likely to cause him to

“shut down” emotionally, which will leave him unable to learn. Instead, the most successful horse trainers use pressure-and-release techniques. The behavioral science term for this is negative reinforcement—removing a



## Cookie's story: *Love isn't enough*

It was January and the snow came up around my boot tops as I traipsed across the yard and knocked on the door. Rose and Dan, an elderly couple, were wearing coats inside the frigid house. People had been calling the authorities about a thin mare they owned and before a horse is confiscated, a veterinarian must examine the animal. That was the reason for my visit.

As we walked to the barn, Dan explained how they had unexpectedly had to move several years ago when retirement funds were lost in the crashing economy. They had tried to sell "Cookie," but when she became thin, nobody wanted to buy her. They had also talked to the local horse rescue, but the rescue was already

overflowing. Rose had been told there was a waiting list and then never got a call back. The couple had even tried giving Cookie away, but only one person had looked and Rose feared the mare was going with him to a kill pen.

Cookie had a body condition score of 2 out of 9. She was sweet, and I could tell that Rose loved the mare. In anticipation of my inspection, Dan had purchased a single bale of fresh hay and a bag of grain. I discussed how sudden dietary changes could be extremely dangerous to horses that were this thin. Dan told me that Cookie became pretty thin each winter, but she always picked back up when the grass grew.

A few days later, I received another call from

Rose because Cookie couldn't get up. When I arrived, it was obvious her body had shut down. Cookie had experienced refeeding syndrome. We all cried as she took her last breath.

Rose and Dan never paid the invoices to the veterinary practice. We soon learned that they had filed for bankruptcy and may have lost their home. These people knew their horse was thin, and they cared about her. But they couldn't keep heat on in their home or feed themselves, so feeding Cookie just wasn't possible. They had honestly tried to the best of their ability. For me, this case was a wake-up call about the judgment that we sometimes feel without knowing the entire situation.

stimulus or pressure when the desired behavior is offered. An example is applying pressure with the right rein. When the horse turns his head right in response to that pressure the rider releases the pressure.

Current behavioral science supports positive reinforcement (rubbing the horse or giving him treats) as the primary tool for training. Many

successful horsemen incorporate positive reinforcement after a horse has responded appropriately to a pressure-and-release cue. Note: A reward is earned, while a bribe is not. Bribes may work temporarily, such as getting a horse into a trailer by leading him with the grain bucket, but they do not promote appropriate long-term behavior.

As you begin working with the

horse, and as he warms up to you, be careful to not romanticize your own role—you are not the only one who can, or should, work with him. A horse who only trusts only one person is at risk. If an emergency occurs and evacuation or medical care is necessary, it is important that the rescue horse be adaptable. Although it is good to establish trust and a relationship with a horse, it is also necessary to establish that others can handle the horse, too.

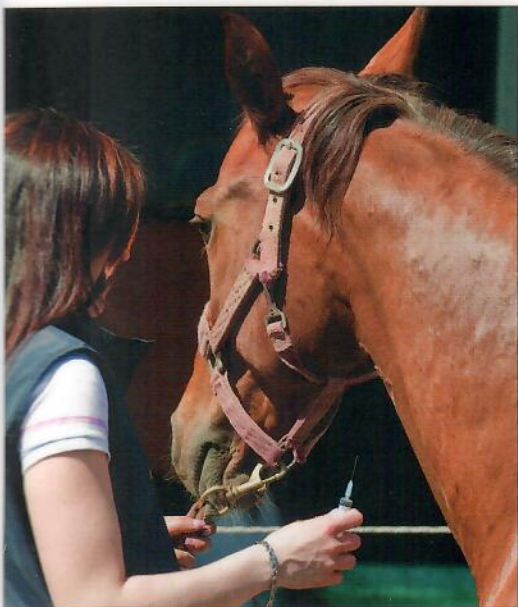
## TEACH THREE BASIC SKILLS

A rescue horse can be trained for practically any job or discipline. There's no reason a rescue can't trot down the centerline of a dressage arena or win hundreds of thousands in prize money running down cows competitively. Don't be afraid to dream big. Chasing those dreams, however, starts with baby steps.

I believe every horse must have three skills, regardless of his circumstances: leading, allowing farriery work and accepting injections. And these are the places to begin when working with a rescue horse. If you are unsure of your ability to teach a horse any of these skills, get help from a professional trainer. A horse with a history of neglect and abuse isn't going to be forgiving of training mistakes and may be extremely reactive (see "Ranger's Story," page 56). You could put yourself in significant physical danger. If you've successfully taught other horses these skills, you'll use the same basic techniques but with modified expectations and timelines to accommodate the rescue horse's circumstances.

**Leading:** Every horse needs to learn the "go forward" cue to follow a handler willingly, even in new and scary situations. With a rescue horse, this can be challenging. Some have never had a roof over their heads, so manmade shelter





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is an entirely new experience. Being in a confined space also takes away the horse's main defense: to run. Trusting you when that defense is eliminated is a big step for the horse.

When a rescue horse is unwilling to follow you, de-escalate the situation immediately by giving him a moment to consider his options, explore his environment and think about what you are asking. If he's licking, sniffing, inspecting the ground or pawing, be patient and reward him for his bravery with a scratch on the withers. Remember, you don't know his whole story or what previous bad experiences he has had. Be patient—incredibly patient—and be prepared for him to advance on his own



## Sweetie's story: *Two-for-one surprise*

I watched as the veterinarian student assigned to "Sweetie" presented her medical case. A mare of average build, Sweetie was chestnut with a little bit of white, 15 hands tall, middle-aged with a quiet demeanor. She had sustained a bad laceration, and her loving (but neophyte) owners were willing and able to do whatever it took to fix it.

The student explained about the surgery Sweetie had undergone and relayed information about her treatment plan. Then, the veterinary technician asked when Sweetie was due to foal. The student looked puzzled. The other students were quiet as the attending veterinarian informed us that the mare was not pregnant. The experienced technician and I looked at each other in surprise—we had both foaled out a number of mares for clients, as well as our own. Sweetie clearly had a very large abdomen.

"When did the owners acquire her?" I asked. "They rescued her back in October, and she was thin at that time," the student explained.

The attending

veterinarian broke in: "But she doesn't have any udder development, so she can't be pregnant."

I posed another question: "Has she been eating fescue?" A fungus that infects this type of grass, common in the area, can interfere with gestational hormone signaling, resulting in reduced or absent milk production, prolonged pregnancy and problems during the birth process. No one knew if she had been eating fescue or not.

We brought out an ultrasound machine and I placed the probe against Sweetie's belly. Sure enough, there were legs, ribs and a tiny heartbeat. This mare had been through general anesthesia during late term pregnancy. The owners had no idea.

With a bit of investigation, we learned that the mare had been eating fescue, which had halted her milk production. Sweetie was discharged from the hospital with medication to help counteract the toxin from the fescue, strict feeding guidelines, information about the birthing process and an appointment for

the next week with the reproduction specialists to help more closely determine an expected due date.

That appointment turned out to be unnecessary because her owners called early the very next morning—she foaled at home. She had a beautiful, perfect foal but no milk. They returned to the veterinary teaching hospital where a dedicated team looked after Sweetie and her colt for another week. Sweetie finally came into milk, and the colt thrived.

A mare with a surprise pregnancy is not uncommon in rescue situations, even when the mare is thin. This case had a good outcome, partially because of the bad luck that landed Sweetie in the hospital in the first place, and partially because her owners and the veterinary team worked closely to ensure she had everything she needed. When Sweetie's people rescued her, they were 100 percent committed. It is wonderful when people commit in this way to horses, even if their monetary value may not be high.



## Ranger's story: *A need for training*

"Ranger" was a gorgeous palomino colt, a grandson of a well-known stallion. Two brothers owned him and intended to make him their prized stud horse. Unfortunately, they were in over their heads and the long yearling had become unruly. Now, they wanted him gelded.

Everything went fine with the surgery, and they went home with management instructions and advice to find a trainer to help them.

A few months later, Ranger was back in our hospital because of a severe cut on his hind leg. We sutured and bandaged the limb and gave the

brothers instructions for recheck appointments and bandage changes. Sadly, Ranger returned about two weeks later and the brothers wanted him put down. The original bandage was still in place.

The brothers said the horse was kicking them, and they were frustrated and afraid. To them, the horse had no use: He was no longer a stallion prospect, and they felt the nasty scar from the wound made him an unsuitable riding prospect. The veterinarians taking care of Ranger saw a handsome 2-year-old with a serious need for some training and convinced the brothers

to simply relinquish ownership to them.

After a few weeks at the hospital, Ranger's wound healed. In that time, appropriate handling led him to become more respectful. He went home with me and was turned out with my herd of three mares for some much needed socialization. As the mares put him in his place, I started him under saddle. When he was ready, I found him the right owner who rides him regularly, and enjoys his playful personality. Knowing when to get help is an important part of horse ownership, and especially of horse rescue.

schedule. If, during the thinking process of going forward into the stocks, trailer or building, a horse is pushed too hard or too fast to go forward, it may accidentally "justify" his fears, making it about 1,000 times less likely that he will respond positively to you.

**Hoof handling:** Many horses who come from a background of neglect have not had proper hoof care. This can be due to financial constraints or bad behavior. A thin and weak horse may not be able to balance and support himself for very long when picking up a foot. Whatever the reason for his

hoof-handling aversion, gradual work is critical to overcoming it. Always touch a horse on his body and work your way down. If you suddenly touch the lower leg, an automatic nerve reaction can result in sudden movement. This reaction is hardwired into the horse.

When the horse accepts touch, asking him to shift his weight away from the foot you are touching is the next step. Make sure you recognize and reward this when it happens with praise. When you can pick up a foot, do so only for a split second and set it back down before he pulls away.

Front feet may be easier to work with than hind feet and you need to always work with your own safety in mind.

In the hind limb, staying in a safe position is particularly critical. Here's how I proceed when I am not sure of how a horse will react:

1. I have a helper hold the horse's halter and stand on the same side as the foot I am picking up (in this example, the left hind).

2. Standing by the barrel of the horse, I place my left hand on his hip. On a very wary horse, I may start by touching the withers with my left hand and gradually work my way to the hip.

3. Keeping my left hand on the hip, I place my right hand next it then slowly but firmly run it down the leg. If the horse doesn't pick up his foot from this cue, I can use my left hand (still at the hip, or as near as I can get it while bending over) to shift his weight off the leg. With this hand I can also feel any muscle tightening signalling an adverse reaction.

Remember that this training is for a lifetime. It is more important to go slow and achieve consistency than to achieve a lot in one training session.

**Injections:** This may not seem like a traditional "training" issue, but many rescue horses have not had routine vaccinations, so they find injections upsetting or even terrifying. This can be a significant problem. Not only are annual vaccinations difficult and dangerous, but if the horse is ever ill, seriously injured or needs sedation, the situation is made that much more difficult. These horses can be difficult to retrain, but it is possible.

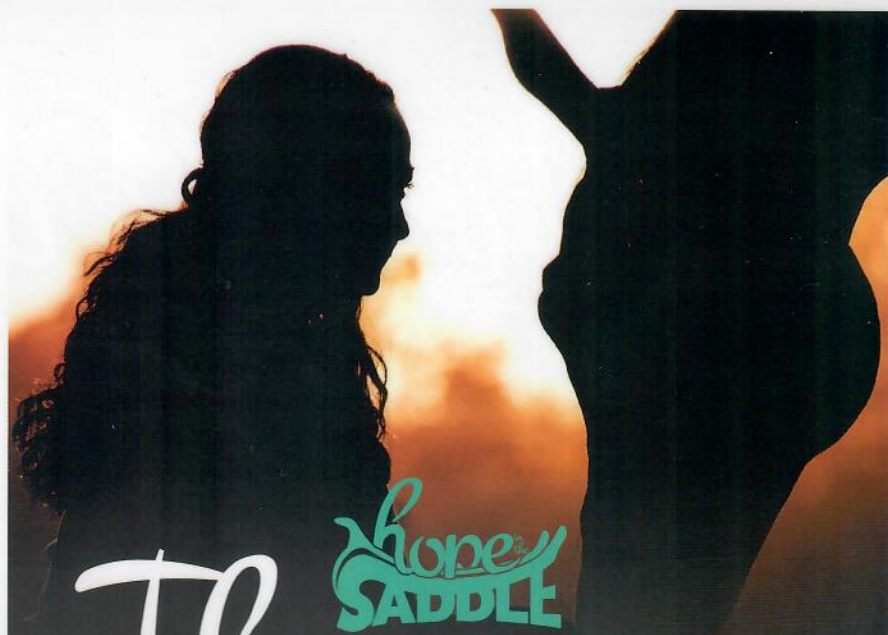
Most veterinarians have a system they prefer for handling injection-shy horses. The first step in mine is to ensure that the horse accepts being touched on the muscular region of the neck where injections are

administered. It is even better if he will accept mildly unpleasant stimuli, such as a poke of a finger or a pinch. It works like this: rub, rub, rub, pet, pet, pet, poke, treat, treat, rub, rub, pet, pet, pinch, treat, treat. When a horse allows that, I'll hold the syringe in my hand and do the rub/pet/poke routine, immediately followed by the injection, and then repeat the rub/pet/poke routine again. Afterward, it's critical to reward the horse with positive reinforcement.

Sometimes, that first injection is a sedative that will also blunt sensation. That allows me to administer the necessary vaccines or draw blood for testing while the horse is more relaxed. It is not ideal to use this for the lifetime of a horse, but I also want to make the experience as positive as possible. I intend to give that horse vaccines and draw blood for Coggins' testing annually for the rest of his life. I am setting him up for 20 more years of either success or stress and fear. A long-term thought process is important for everything that is done with horses.

Eventually, you'll probably want to put the rescued horse into more serious training for a specific activity or sport. Whether it's safe to do so will depend on a few factors. For instance, a horse will need to be in good enough condition to wear a saddle and carry a rider. He also needs to be comfortable socially; a horse with a history of abuse may need more time to "come out of his shell" before he begins training. When you think it's time, have your veterinarian come recheck the horse for soundness and physical suitability for work. Once you've been given that go ahead, take a moment to appreciate how far the horse has come and marvel at the possibilities that lie on the road ahead. 🐾

**ABOUT THE AUTHOR:** Stacie G. Boswell, DVM, DACVS, is an equine veterinarian, board-certified in surgery, who practices in Montana. She has a special interest in rescue horses and bond-centered equine care.



**HOPE SADDLE**



# Therapy Horse

## OF THE YEAR 2018

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