A “standard” vaccination program for all horses does not exist. Each individual situation requires evaluation and clients should have realistic expectations and understand that each horse has different exposure factors and responses to vaccination.

- Anticipated exposure, environmental factors, geographic factors, age, breed, use, and sex of the horse affect the risks of disease.
- Vaccination alone, in the absence of good management practices directed at infection control, is not sufficient for the prevention of infectious disease.
- Vaccination serves to minimize the risks of infection but cannot prevent disease in all circumstances.
- The primary series of vaccines and booster doses should be appropriately administered prior to likely exposure.
- Each horse in a population is not protected to an equal degree, or for an equal duration, following vaccination.
- Protection is *not* immediately afforded the patient after administration of a vaccine that is designed to induce active immunity. In most instances, a priming series of multiple doses of a vaccine must be administered initially for that vaccine to induce protective active immunity.
- All horses in a herd should be vaccinated at intervals based on the professional opinion of the attending veterinarian
- A properly administered, licensed product should not be assumed to provide complete protection during any given field epidemic.
- Although rare, there is potential for adverse reactions despite appropriate handling and administration of vaccines.

In Arizona, we have the risk of several infectious diseases, which can be vaccinate for. These vaccinations are different based on the age, condition and exposure of the horse. The following is a basic vaccination and worming schedule.

Equine Vaccination Recommendations for Arizona

Type	Vaccination	Frequency
Adult Horse	Tetanus Toxoid, Eastern & Western Encephalitis	Annual
	Influenza & Rhinovirus	Bi-Annual/Spring & Fall
	West Nile	Bi-Annual/Spring & Fall
	Strangles	Bi-Annual/Spring & Fall
	Rabies	Optional
Adult Horse	Worming: alternate between Ivermectin and Strongid	Quarterly

Type	Vaccination	Frequency
Pregnant Mare	Rhinopeumonitis	5 month gestation
	Rhinopeumonitis	7 month gestation
	Rhinopeumonitis	9 month gestation
	Tetanus Toxoid, Eastern & Western Encephalitis, Influenza	30 days prior to foaling
	West Nile	30 days prior to foaling
	Strangles	30 days prior to foaling
Pregnant Mare	Ivermectin Paste	2 month of gestation
	Strongid Paste	4 month of gestation
	Ivermectin Paste	6 month of gestation
	Strongid Paste	8 month of gestation
	Ivermectin Paste	The day the mare foals.

Type	Vaccination	Frequency
Foal - vaccinations	Tetanus Toxoid, Eastern & Western Encephalitis	5 months of age
	West Nile	5 months of age
	Strangles	5 months of age
	Tetanus Toxoid, Eastern & Western Encephalitis	6 months of age
	West Nile	6 months of age
	Strangles	6 months of age
	Influenza & Rhinovirus	6 months of age
	Influenza & Rhinovirus	7 months of age
	Tetanus Toxoid, Eastern & Western Encephalitis	1 Year of age
	West Nile	1 Year of age
	Strangles	1 Year of age
	Influenza & Rhinovirus	1 Year of age
Foal - worming	Panacur Paste	6 weeks of age
	Strongid Paste	12 weeks of age
	Ivermectin Paste	18 weeks of age
	Panacur Paste	24 weeks of age
	Strongid Paste	30 weeks of age
	Ivermectin Paste	36 weeks of age
	Panacur Paste	42 weeks of age
	Strongid Paste	48 weeks of age
	Ivermectin Paste	54 weeks of age
	**continue alternating wormers every 6-8 weeks of age through age two.*	