

*continued from inside*

have electric heaters, to encourage adequate water consumption. In addition, feeding a weekly mash (by adding hot water to your horse's normal ration with a bit of table bran moistened to the consistency of oatmeal) with a little salt or electrolytes added to it will increase hydration.

Protection from wind and wet weather is essential in the winter, but good ventilation is essential to prevent respiratory disease. A tightly closed barn full of horses will be warm but moist, a perfect breeding ground for organisms, and will maximize exposure to molds, allergens and dust. It is far better to have a colder barn with good fresh air flow. Run in sheds are excellent protection, but should be of adequate size that all members of the herd, regardless of their status in the pecking order, can gain shelter.

Blankets are not necessary for healthy horses of good weight with full winter coats. Older horses and underweight horses may need supplemental blankets to stay warm during particularly cold spells. All horses that are clipped need to have blankets to replace the coat that has been removed. The most common scenario for horses to become chilled is when they are soaked by cold rain. When this happens, they shiver violently to warm themselves. If you should find your horse in this condition, cover him with wool coolers, bring him inside out of the wind and wet, and towel him dry. Feed a warm mash and a generous portion of hay.



When conditions are forecast to be particularly cold, it is sensible to feed additional hay. The slow digestion of fiber produces heat, and by eating additional hay, that energy to stay warm will come from feed rather than breakdown of body fat. Horses are

equipped much better than we are to withstand nature, and it is most healthy for their time outside to be maximized rather than reduced.

Icy conditions mean it is best to have borium or caulks applied to your horses' shoes, and have snow pads added. Alternatively, if you don't intend to ride, it may be more sensible to have the shoes pulled for the winter. Plain shoes have very little traction and can lead to a bad fall.

A little extra care and attention in the winter can prevent many problems, and insure the health of your horses during the cold season.

**James D. Mort, DVM**  
**Jeffrey A. Williams, DVM**  
**Amy L. Grice, VMD**  
**Nina Deibel, DVM**



**Rhinebeck Equine, L.L.P.**

*A Lifetime of Caring*

**Paul C. Mountan, DVM**  
**Andrea Sotela, DVM**  
**James N. Nutt, VMD, DACVS**  
**Conrad H. Boulton, DVM, DACVS**

## DR. LANCE BASSAGE JOINS FACULTY AT ONTARIO VETERINARY COLLEGE AT GUELPH

We are sorry to announce Dr. Lance Bassage's departure from Rhinebeck Equine in mid-December. However, we are very proud of his professional achievement of appointment as Assistant Professor in the Department of Clinical Studies, Ontario Veterinary College, University of Guelph. There he will assume a central role in developing the Equine Sports Medicine and Reproductive Center. We are glad in knowing he will prosper in an academic environment with a variety of new challenges. However, our gladness for him is tempered with sadness. Dr. Bassage has been with Rhinebeck Equine since the opening of our hospital facility in 2002, and he was instrumental in the development of the patient care protocols and surgical standards that have made us so successful. We will miss him, and wish him the best in his new position.

In keeping with the strong foundation that Dr. Bassage helped to build, Rhinebeck Equine will continue to provide excellence for your horses' needs.

James N. Nutt, VMD, dipl. ACVS will continue to offer surgical expertise, meticulous patient care, and a knowledge base that is state of the art. In addition to surgical elective and emergency services, he is also available for phone consultations, review of radiographs or referral of your difficult lameness cases. Dr. Nutt is skilled with laparoscopic as well as arthroscopic procedures, and has experience performing many surgeries in the standing horse with regional anesthesia. In addition, Dr. Nutt makes farm visits for prepurchase exams, comprehensive lameness evaluations, musculoskeletal evaluations of foals and surgical consultations.

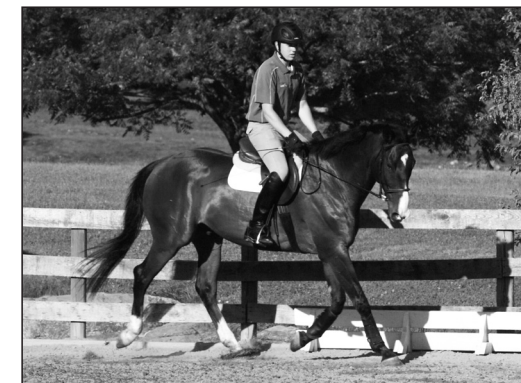
During our search for the best candidate to fill the opening left by Dr. Bassage's departure, Conrad Boulton, DVM, dipl. ACVS will provide assistance with emergency surgical coverage on a regular basis. Dr. Boulton previously was a partner and equine surgeon at Pilchuck Veterinary Clinic in Snohomish, WA, and has been in practice for over 25 years.

## DR. SOTELA DEDICATED TO EXPERTISE IN LAMENESS DIAGNOSIS AND TREATMENT

In 2010, Dr. Sotela began her journey to achieve her goal of certification by ISELP. The International Society of Equine Locomotor Pathology (ISELP) was formed in the United States several years ago, under the direction of Dr. Jean-Marie Denoix, focusing on the problem of lameness in the equine athlete. ISELP's goal is to provide contemporary knowledge and techniques in the continually evolving field of equine locomotor analysis to better prepare the experienced equine clinician to diagnose and manage the most complex lameness conditions in the equine athlete.

Dr. Denoix, noted international expert, is the primary instructor in each of the modules; his focus is diagnostics and the use of advanced imaging techniques. Through lectures and case demonstrations, Dr. Denoix integrates anatomy, clinical presentation and diagnostics with the imaging modalities of digital radiology, ultrasonography, nuclear medicine and magnetic resonance imaging. Through both the lecture format and the peer

interaction of the highly competent equine practitioners in attendance, the society strives to both elevate the quality of equine locomotor diagnostics/therapy and to facilitate the exchange of knowledge and communication between fellow equine veterinarians in other countries.



Presentations rotate through eight separate two day modules focusing upon specific anatomic regions for lameness evaluation and are accompanied by both demonstration and wet lab experience. Completion of these eight modules, along with five case studies and literature reviews, then qualifies candidates to undergo competency examination for Society certification.

We are proud of Dr. Sotela's dedication to becoming the very best diagnostician for sport horses that she can become. Her many years of experience in the world of competitive equine sports, coupled with her strong clinical skills, make her one of our best lameness diagnosticians.

*Winter 2011 Newsletter*

26 Losec Lane • Rhinebeck, New York 12572

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**Rhinebeck Equine, L.L.P.**





## MEAGAN DAVIS REPRESENTS US IN GERMANY AT FEI WORLD CUP DRESSAGE FOR YOUNG RIDERS

Brilliant young rider Meagan Davis of Stone Ridge earned the title of USEF 2010 National Young Rider Champion, securing the opportunity to represent the United States at the FEI World Cup Dressage for

Young Riders in Frankfurt, Germany from December 15-19th, 2010. There is only one rider chosen each year to represent the United States. Meagan, her family, and her talented horse Bentley flew to Germany in early December.

*The following is an article reproduced with kind permission of Eurodressage.com, written by Astrid Appells, with photographs by Barbara Schnell.*

U.S. young rider Meagan Davis wrote history at the 2010 FEI Young Riders World Cup Finals by being the first American to make it to the Kur to Music Finals at this prestigious invitational event which is hosted at the World Cup Qualifier in Frankfurt, Germany. Aboard Kelly Roetto's 17-year old Danish warmblood gelding Bentley, Davis scored 63.600% and finished seventh in the freestyle A-Finals. Fourteen international Young Riders participated in this event.

Davis, who competed despite a serious chest cold, produced an excellent round in the individual test -- the qualifier for the kur finals -- scoring 66.000%. In the freestyle, Bentley felt challenged by the difficulty of the show ring arena as well as the exciting atmosphere and closeness of the audience and decoration. In the canter he spooked in the corner and became tense and difficult in the flying changes and pirouettes. Davis handled the pressure well and came out of the ring with a smile, nonetheless.

Davis' home coach Lendon Gray is extremely proud of the achievements of her student. "I assure everyone in America that we were very well represented," said Gray. "Despite being quite sick, Meagan was always positive, did her best, smiled, rode well, and turned out to be a leader amongst the riders. The tope riders all have amazing horses — on a par with our Olympic horses, some are Grand Prix. I am pretty sure that she is the only rider who has done all the riding on her horse since she acquired him —

she gets an average of maybe three lessons a month, and has to go in the ring never knowing if Bentley will pull a Bentley. It doesn't happen often but when it does it's pretty impressive."

Meagan was also the only young rider in Frankfurt to wear a helmet instead of a top hat. Her conscious choice for safety above style is prompted by both necessity and honour. Though 17 years of age, Bentley is known for unexpected goofy behaviour and it would not be the first time that the dark bay gelding bucked and jumped around as if he were a 3-year old. Also many American and Canadian riders decided upon wearing helmets, even at FEI level, in honour of Courtney King-Dye. The U.S. Olympian sustained severe brain damage when her horse tripped and fell in Florida in the spring.

The 21-year old Davis is from Stone Ridge, New York, and earned her ticket to Frankfurt by producing the highest U.S. young rider scores during the 2010 show season. Meagan also became the 2010 U.S. Young Riders' Champion at the 2010 Festival of Champions in Gladstone, NJ, in the summer. Her Danish warmblood Bentley is bred by Birgitte Rasmussen (horse's original name was Duncan) and owned by Kelly Roetto. The dark bay gelding is by Sorel out of Sacajawea (by Saskibar II).

Meagan's accomplishments this year have not gone unnoticed and she earned a \$4,500 training grant from The Dressage Foundation to further her dressage education overseas. She will spent that money on training with Hubertus Schmidt in Paderborn, Germany, for four to six weeks.

"Dressage training and riding is my passion and will be my career," said Davis. "This is an incredible training opportunity that will further my education and advance my horse Bentley. The knowledge I will gain from this experience at Hubertus Schmidt will also benefit my students, the kids that I coach at Lendon Gray's Youth Dressage Festival, the Dressage 4 Ponies Clinic riders, as well as the horses I train."



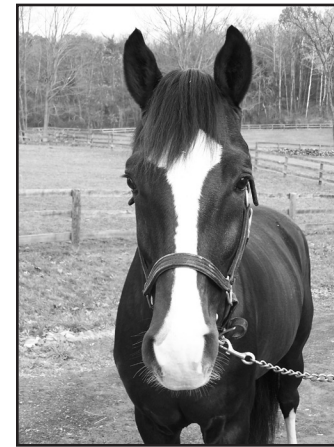
Text by Astrid Appells

Photos © Barbara Schnell

<http://www.eurodressage.com/equestrian/2010/12/20/meagan-davis-produces-best-ever-american-result-young-riders-world-cup-finals>

Gray added that "this will be the first time that Meagan has some long term daily lessons. I am thrilled for her and can't wait to see her when she returns for part of the Florida season — no longer a young rider, but showing with all the professionals."

## NEW BILLING METHOD BRINGS FAIRNESS AND LOWER COSTS TO OUR CLIENTS



We have recently revamped our billing system to bring more accuracy to our charges, which will result in savings for many of our clients. In this economic time, finding ways to minimize your costs is important to us. You will see some changes in how our invoices now read.

Historically we have always included the professional service of administration in the price for injected medications and often used a standard amount of medication in determining the price. For instance,

sedating an average size horse by intravenous injection of the sedative, Dormosedan, usually requires 0.3-0.8 ml. Some well behaved horses require even less, but others need more if they are nervous or the procedure is prolonged or painful. Our price historically was based on a standard of 0.5 ml with an administration fee of \$25 bundled into the price. In our new system, the administration will be called out separately, for the ability to safely access the jugular vein in all ages and temperaments is a skill unrelated to the medication given. An additional fee will account for medication. In our example, since Dormosedan costs \$30 per ml, the horse receiving 0.2ml will be charged \$6.00 for Dormosedan and \$25 for IV administration for a total of \$31.00. Conversely, the horse that is deathly afraid of needles and has an eyelid laceration may require 0.8 ml of Dormosedan, and would be charged \$24.00 for the sedative medication and \$25 for IV administration for a total of \$49.00. The old method would have charged both parties \$40. As you can see, the new method is fairer to the client.

In addition, by separating professional services from medications, we will be able to track our use of pharmaceuticals accurately, allowing us to be more efficient in our stocking and purchasing with less staff time. This helps us to keep costs down. When prices for medications change, it also allows us to quickly make adjustments, so if generics become available, we can seamlessly pass those savings on to you.

We understand that change is hard, and that some of you feel unsettled at being charged separately for our professional services. Please know that this transition is being made with your best interests in mind, so that you will pay only for what your horse receives. Please don't hesitate to call us if you have additional questions or concerns. We value your input.

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## FAQ

### WILL VACCINES HAVE AN ADMINISTRATION FEE?

No. Because the volume of vaccine given to each horse remains the same no matter whether they are a Miniature Horse or a Shire draft, there is no reason to separate administration from the vaccine.

### WHY SHOULD I PAY YOU TO INJECT MEDICINE INTO MY HORSE? I CAN DO THAT MYSELF!

While some of our clients have the skills to do intramuscular and occasionally even intravenous injections, an important part of our professional service is our understanding of the side effects of medications, our thorough knowledge of anatomy, and our assumption of responsibility for anything untoward that may occur. Poor intramuscular injection technique can result in muscular abscesses, nerve damage or hematomas. Poor intravenous injection technique can result in inadvertent carotid artery injection (which often causes death), or in damage, infection and/or thrombosis of the jugular vein. In addition, most of our clients don't wish to be the one that their horse associates with medical procedures. Most farm managers don't want to be held responsible for any damage that could occur through their administration of injectable medication to a clients' horse.

### ALL I SEE ARE MORE FEES! I FEEL LIKE I'M BEING "NICKEL AND DIMED"!

Change is hard to get used to; we understand that you feel unsettled by the extra lines on your bill. Please believe us when we say that your invoices simply reflect a different way to account for the services provided; a way that is designed to be fairer for you and all our clients. Your total fee may actually be less than it was previously.

### CAN I GIVE THE DOCTOR MEDICATION I PURCHASED ELSEWHERE TO INJECT INTO MY HORSE?



Because of liability concerns, our insurance carrier prefers that our doctors not inject your medication unless you have purchased it from Rhinebeck Equine, and the bottle is unopened. This way, we are assured of its appropriate handling, sterility, and safety. We simply cannot assume responsibility for the effects of medication that may have been exposed to extremes of temperature, been inadvertently contaminated by previous use, or other issues.

## HAPPY NEW YEAR!

As 2011 commences, we want to thank you for the trust you place in us by choosing Rhinebeck Equine to care for your horses. We feel blessed to have such knowledgeable and caring people as our clients. We also wish to thank you for your generosity in providing us with delicious food gifts and other treats during the holidays and throughout the year for all in our office to enjoy. Additionally, we especially want to thank all who wrote kind notes or sent pictures of their horses after recovery from injury or illness. Those cards are some of the most memorable gifts that we receive, and it means a lot to us to know we have touched your lives in a meaningful way. Thank you all for your continued trust and support.

## WHY IS MY HORSE'S URINE RED?

Every year when we have snow cover, we receive many phone calls from people concerned because they see red, pink or dark orange areas in the snow and are worried that their horses have blood in their urine. This is not the case. Although we do not know the exact chemical reaction that produces these brilliant colors, we do know that it is not related to any medical condition, so rest easy!

## COLD WEATHER CARE TIPS

With snow and ice on the ground, horses naturally may get less exercise when turned out, due to slippery conditions. In addition, studies have shown that horses drink significantly less water when it is icy cold or becomes frozen in their bucket compared to when it is tepid or lukewarm. These two factors can contribute to the development of intestinal impactions, where dry feed material fills the large colon, causing colic. To decrease this possibility, it is helpful to provide heated water through buckets that are insulated or

*continues on back*