



**PURDUE  
UNIVERSITY**  
DEPARTMENT OF  
AGRICULTURAL STATISTICS

# INDIANA EQUINE SURVEY



**INDIANA  
HORSE  
COUNCIL**

JANUARY 2002  
REF # 01-594E

Please indicate any name or address changes here:

---



---

If you receive more than one questionnaire, please indicate this on each form and return all of them together to help eliminate duplication.

Indiana's first comprehensive equine survey is an ambitious undertaking by the Indiana Horse Council (IHC), Indiana Horse Racing Commission, Indiana Livestock Promotion and Development Fund, Purdue University Veterinary School, and Purdue University Agricultural Statistics Department. We hope to determine the number of equine by major breed and primary use in the State of Indiana, along with the economic impact of the equine industry, health costs, and related health issues to direct future research.

Whether you own a single horse for your recreational use, run a large breeding operation, or are associated with horse racing, we need your input to give us an accurate representation of the industry on which to base future decisions regarding the direction of the equine industry within the State.

Please complete this questionnaire and return it as soon as possible. If you are unable to answer all of the questions, we would appreciate it if you would still return the form with whatever information you have.

It is important to note that responses to this equine survey questionnaire, as well as information concerning individual survey participants, will be confidentially protected, and used only for compiling statewide and county data concerning the industry. Response to this survey is voluntary and not required by law. However, your cooperation is important to further the development of the Indiana equine industry. If you have any questions, please call us at (800) 473-2696.

Ralph W. Gann  
State Statistician

Jerry C. Walker  
Indiana Horse Council

Did you or anyone at this address own any equine, or have any equine related income or expenses during 2001?

YES - Please list the name of the primary person responsible for the equine, then continue on the next page.

---

(If this person is a minor, please also list the name of a financially responsible adult.)

NO - Please indicate your involvement, if any, with the equine industry, or any agricultural production and return this form in the enclosed envelope.

---



---



---

THANK YOU

## SECTION A - EQUINE INVENTORY

1. Please report all equine owned, boarded or leased on DECEMBER 31, 2001. Record the equine in the first column if they were located on part of your operation. Enter them in the other column if they were boarded by someone else.

Ownership on December 31,2001	Located On Your Operation	Boarded At Another Location
Full Ownership	101	105
Partial Ownership	102	106
No Ownership Interest	103	107
<b>TOTAL</b>	104	108

If the total of both columns is zero, please explain what types of equine income or equine related expenses you had during 2001. Then complete any remaining questions that apply to your situation.

---



---



---



---

2. Please indicate the counties in which these equine were located on December 31, 2001.

County Name	State	Number of equine
		109
		110
		111
		112
		113

FOR OFFICE USE ONLY	
114	122
115	123
116	124
117	125
118	126
119	127
120	128
121	129

The rest of this form requests detailed information, please complete as much as possible and return in the enclosed envelope. THANK YOU

3. Please record the total number in each breed and the estimated value of all the equine you reported on the previous page. ESTIMATED VALUE should reflect the price one would pay to purchase these equine in today's market.

PLEASE READ THE FOLLOWING DEFINITIONS  
BEFORE RECORDING THE PRIMARY USE

- A. BROOD MARES - a female that is being kept primarily for breeding.
- B. STALLIONS - a male that is being kept primarily for breeding.
- C. RACING - any horse kept primarily for the intention of racing whether or not a parimutuel event.
- D. SHOWING OR COMPETITION - equine used primarily for showing, polo, eventing, etc.
- E. TRAILS OR RECREATION - equine used primarily for pleasure and trail riding, for hunting, pleasure driving, 4-H and other youth programs, and other recreational use.
- F. WORK - equine used for work, hauling, or transportation.
- G. OTHER - equine used for commercial carriage rides, police patrols, teaching, any retired horses, etc.

If an equine is used for more than one purpose, such as a stallion used for pleasure riding, list that equine ONLY ONCE in the category for which it provides the most important service to you.

Breeds	Total Number of Equine	Total Estimated Value (Dollars)	Of the total reported, how many were primarily used for:						
			Breeding		Racing	Showing or Competition	Trails or Recreation	Work	Other
			Brood Mares	Stallions					
Appaloosas	130	145	160	175	190	205	220	235	250
Arabians	131	146	161	176	191	206	221	236	251
Draft Horses	132	147	162	177	192	207	222	237	252
Grade Horses (non registered)	133	148	163	178	193	208	223	238	253
Morgans	134	149	164	179	194	209	224	239	254
Pintos or Paints	135	150	165	180	195	210	225	240	255
Quarter Horses	136	151	166	181	196	211	226	241	256
Saddlebreds	137	152	167	182	197	212	227	242	257
Standardbreds	138	153	168	183	198	213	228	243	258
Thoroughbreds	139	154	169	184	199	214	229	244	259
Warmbloods	140	155	170	185	200	215	230	245	260
Ponies	141	156	171	186	201	216	231	246	261
Donkeys or Mules	142	157	172	187	202	217	232	247	262
Other (specify):	143	158	173	188	203	218	233	248	263
<b>TOTAL EQUINE</b>	<b>144</b>	<b>159</b>	<b>174</b>	<b>189</b>	<b>204</b>	<b>219</b>	<b>234</b>	<b>249</b>	<b>264</b>

## SECTION B - EQUINE RELATED EXPENSES & INCOME

1. Please record all equine related expenses incurred by you during 2001.

DOLLARS

CONCENTRATES (Include mixed or formula feeds and supplements)	265
HAY	266
HEALTH (Include veterinarian fees, medicines, vitamins, parasite control, wormers, lab work, etc.)	267
GROOMING EQUIPMENT, TACK, SUPPLIES and BEDDING (clippers, soaps, oils, sprays, brushes, clothing, etc.)	268
FARRIER/HOOF CARE	269
PAYROLL - cash wages & social security	270
CONTRACT LABOR EXPENSES	271
VALUE OF NON-CASH ITEMS PROVIDED TO EQUINE WORKERS	272
BREEDING FEES (Include breeding service fees, A.I. fees, semen shipping, etc.)	273
MAINTENANCE AND REPAIR (Include expenses to maintain buildings, fencing, vehicles, equipment, etc.)	274
INSURANCE PREMIUMS (Equine related - liability, collision, mortality, etc.)	275
UTILITIES (Equine related - telephone, water, natural gas, heating oil, electricity, etc.)	276
FUELS (Equine related - gasoline, diesel fuel, oils and lubricants)	277
TAXES (Only include property tax on equine related land. Do not include income or sales taxes)	278
INTEREST (Equine related debt only)	279
RENT/LEASE (Include rental of land and buildings, rental of equine, rental of equipment, etc.)	280
FEES AND PAYMENTS (Include equine registration, entry fees, membership fees, etc.)	281
SHIPPING AND TRAVEL (Include air fare, meals, lodging, shipping of equine, etc.)	282
BOARDING AND TRAINING FEES PAID TO OTHERS - <b>If not already recorded above</b>	283
MISCELLANEOUS (Include cost of ads, entertainment, pamphlets, subscriptions, office supplies, etc.)	284
DEPRECIATION (Equine related only)	285

2. Were any of these expenses incurred outside of Indiana?

If yes, please estimate the percent of the total expenses that were incurred in ANOTHER state.

286

287

288

3. What equine related capital expenses did you incur in 2001?

DOLLARS

PURCHASES OF EQUINE (If partial ownership, include only your share)	289
EQUINE RELATED REAL ESTATE PURCHASES - LAND ONLY	290
PURCHASES OF EQUINE BUILDINGS OR EQUIPMENT (Include materials for construction of or additions to equine related buildings, fences, tractors, manure spreaders, motor homes, campers, pickups, autos, vans, trailers, portable stalls, starting gates, hot walkers, treadmills, sulkies, carts, buggies, etc.)	291

4. Please indicate the number of employees related to the equine industry that were on your payroll during 2001. DO NOT INCLUDE yourself or any co-workers outside your household with an ownership interest.

Total number of employees who were:	Number of Employees	Average Number of Weeks Per Employee	Average Number of Hours Per Week Per Employee
FULL TIME: worked full time all year	292		
SEASONAL: worked full time, but for only part of the year	293	295	
PART TIME: less than 40 hours per week	294	296	297

5. Please list your GROSS INCOME in 2001 from each of equine categories below:

EQUINE CATEGORY	GROSS INCOME
Purses and Prizes	298
Stud Fees	299
Equine Leasing/Rental	300
Lessons	301
Equine Sales	302
Boarding	303
Training	304
Therapeutic riding and driving	305
Other (please specify):	306

FOR OFFICE USE ONLY
310
311
312
313
314
315

307  YES 308  NO

6. Was any of this income earned outside of Indiana?

309

If yes, please estimate the percent of the total income that came from ANOTHER state.

## SECTION C - ASSETS

- |   | ACRES |
|---|-------|
| 1. What was the total acreage you operated on December 31, 2001?<br>(INCLUDE land owned and rented from others, EXCLUDE land rented to others)  | 316   |
| 2. How many acres of hay did you cut at least once in 2001?   | 317   |
| 3. Of the acres you operated, how many were used for equine related purposes?<br>(INCLUDE hay, pasture, cropland, training areas, buildings, etc.)  | 318   |
| DOLLARS   |       |
| 4. What is your estimate of the value of all EQUINE RELATED land, fencing and buildings on your operation on December 31, 2001?   | 319   |
| 5. What is the value of all vehicles and equipment owned by you and USED ON THE EQUINE OPERATION?<br>(Include tools, tractors, farm trucks, horse trailers, vans, hot walkers, treadmills, starting gates, manure spreaders etc.) | 320   |
| 6. What is your estimate of the value of all tack, equipment, and equestrian clothing that you own?<br>(Include saddles, bridles, halters, harnesses, riding/driving/racing equipment, blankets, trunks, etc.)                    | 321   |

## SECTION D - HEALTH MANAGEMENT

1. During 2001, how many foals were:

	FOALS
Born Alive	322
Born Dead Full Term (at least 320 days gestation)	323
Born Dead Premature (i.e. aborted, less than 320 days gestation)	324

FOR OFFICE USE ONLY
327
328
329
330
331
332
333
334
335
336
337
338

2. How many of the foals that were born alive, died, or were euthanized, at the following ages:

	FOALS
Less than 3 days old	325
From 3 to 30 days old	326

3. Did any resident equine greater than 30 days of age die, or were any euthanized, during 2001?

339 YES  340 NO

If yes, how many of these deaths were due to:

	30 days up to 6 months	6 months up to 18 months	18 months up to 10 years	10 years or older
Colic	341	353	365	377
Other digestive diseases (eg. Diarrhea)	342	354	366	378
Respiratory problems	343	355	367	379
Neurologic disease (e.g. dummy foal, wobbler, spinal problems)	344	356	368	380
Dystocia or birthing complications	345	357	369	381
Reproductive problems other than dystocia	346	358	370	382
Injury, wounds or trauma	347	359	371	383
Leg or hoof problems	348	360	372	384
Old age	349	361	373	385
Other known cause (specify):	350	362	374	386
Unknown cause	351	363	375	387
Then the TOTAL number of deaths for each age group was:	352	364	376	388

4. How many resident equine were **affected** with the following conditions in 2001?

	Less than 30 days of age	30 days up to 6 months	6 months up to 18 months	18 months up to 10 years	10 years or older
Colic	389	404	419	434	449
Other digestive disease (e.g. diarrhea)	390	405	420	435	450
Heaves (or COPD)	391	406	421	436	451
Respiratory disease (other than heaves)	392	407	422	437	452
Eye problem	393	408	423	438	453
Skin problem	394	409	424	439	454
Neurologic disease (e.g. dummy foal, seizures, wobbler, EPM)	395	410	425	440	455
Injury, wound or trauma	396	411	426	441	456
Lameness	397	412	427	442	457
Limb deformities (e.g. contracted tendons)	398	413	428	443	458
Reproductive problem (e.g. infertility, dystocia)	399	414	429	444	459
Navel infection	400	415	430	445	460
Hoof problems	401	416	431	446	461
Other known cause (specify):	402	417	432	447	462
Unknown cause	403	418	433	448	463

5. During 2001, which of the following conditions, considering all cases in resident equine, resulted in:

(Enter code 1 - 13)

a. The greatest total number of days of lost use

464

b. The greatest total cost (including cost of lost use)

465

Code
1 - Colic
2 - Other digestive problems
3 - Respiratory problems
4 - Eye problems
5 - Skin problems
6 - Reproductive problems
7 - Behavior problems
8 - Injury, wound or trauma
9 - Leg or hoof problems
10 - Neurologic problems
11 - Infectious disease unrelated to a specific body system
12 - Chronic weight loss
13 - Overweight / obese

6. Please check the top three equine conditions that you would like to see Purdue University to focus research on:

√ (check only 3)

466	Colic
467	Other digestive problems
468	Respiratory problems
469	Eye problems
470	Skin problems
471	Reproductive problems
472	Behavior problems
473	Injury, wound or trauma
474	Leg or hoof problems
475	Neurologic problems
476	Infectious disease unrelated to specific body system
477	Chronic weight loss
478	Overweight / obese
479	Other (specify): _____

**Thank you for taking the time to complete this survey.**

Preliminary results will be available at the Hoosier Horse Fair & Expo, April 5<sup>th</sup> - April 7<sup>th</sup> 2002, and posted on both of the following web sites: [www.NASS.USDA.gov/IN](http://www.NASS.USDA.gov/IN) [www.IndianaHorseCouncil.org](http://www.IndianaHorseCouncil.org)

Reported By: \_\_\_\_\_ Phone: <sup>480</sup>(\_\_\_\_\_) \_\_\_\_\_