



GUIDELINES FOR THE WELFARE AND MANAGEMENT OF WORKING EQUINES DURING RELIGIOUS PILGRIMAGES IN INDIA



Department of Animal Husbandry & Dairying
Ministry of Fisheries, Animal Husbandry & Dairying
Government of India

Background and Rationale

A significant number of equines horses, donkeys, and mules are employed during religious journeys in high-altitude or mountainous regions of India, such as the Amarnath Yatra (Jammu & Kashmir- July and August), Char Dham Yatra (Uttarakhand – Kedarnath and Yamunotri– May to October), and Vaishnodevi Yatra (Jammu & Kashmir-round the year). Manimahesh Yatra (Himachal Pradesh -August and September). These animals provide essential transport services to pilgrims and carry supplies, often under challenging environmental and physical conditions.

To uphold the principles of humane treatment and in compliance with the **Prevention of Cruelty to Animals Act, 1960**, it is imperative to implement uniform, enforceable standards for the **registration, health management, acclimatization, and working conditions** of these equines. These guidelines seek to ensure the **safety of pilgrims and the well-being of working animals**, while also supporting local administrative and veterinary authorities with actionable protocols.

1. Registration and Health Certification

- » All working equines must be registered with the State Animal Department.
- » Each animal must undergo tagging and microchipping, health examination, and mandatory testing for Glanders and Equine Influenza.
- » A valid health certificate from the State AHD is mandatory.
- » Endurance and altitude fitness tests to be conducted and updated monthly.

2. Acclimatisation Requirements

- » Animals must undergo a minimum one-week acclimatization period prior to deployment.
- » The local administration to provide support for temporary shed, water and disease monitoring involving the State AHD.

3. Track Capacity and Safety

- » Equine deployment should not exceed 30-40 animals / km.
- » District Magistrate to ensure empirical evaluation of carrying capacity.

4. Infrastructure for Equine Welfare

- » Establish infirmaries for injured/sick animals with biosecure waste disposal mechanism.
- » Construct sheds with weather protection, water, fodder, lighting, and segregation.
- » Provide warm, potable water every 5 km on tracks. Along with provision of jaggery and minimal feed and salt licks

5. Veterinary Check-posts and Monitoring

- » Veterinary check-posts every 5 km; staffed with veterinarian and para professional personnel and medicines including IV fluids and designated place for treatment with provision of trevis and rest shed where ever possible.
- » Mandatory unsaddling and inspection.
- » Provision of life-saving medicine and basic care equipment.
- » A list of medicines, first aid and emergency treatment and a sample collection kit ia given as Annexure.
- » The checkpost teas need to have trained Veterinarians for identifying any event and equipped with sample collection kit and first aid/medicine. They should refer the animal back to base camp for further evaluation and quarantine till the results for the diagnostics are available. Quarantine facility need to be available at or near to the base camp as well as end point of yatra/destination

6. Insurance and Regulation

- » All working equines must be insured.
- » SPCA to prevent overuse and abuse; no equine should operate without insurance.

7. Movement Protocols and Convoy System

- » Convoys of 5–20 equines; time gaps of at least 10 minutes between groups.
- » Movement speed restricted to 3 to 4 km/hr. depending on the elevation

8. Disaster Preparedness and Response

- » Provision of Rapid Response Teams to be deployed in case of any emergency.
- » Clear district-level SOPs for animal evacuation and treatment.

9. Disease Management and Control

- » Testing of Glanders and Equine Influenza- Testing of Glanders and Equine influenza should be part of health certificate and carried out just before the start of the Yatra in Uttarakhand and for other places with year round yatra the testing should be carried out for glanders at least two or three times in a year. For equine influenza and other diseases surveillance data from ICAR-NRCE, Hisar should be consulted for reference.
- » Surveillance and quarantine for notifiable diseases.
- » Follow national treatment guidelines during outbreaks.
- » Enforce movement restrictions and implement strategic vaccination.
- » Conduct public awareness campaigns.
- » Strengthen coordination between veterinary, law enforcement, and health authorities.

10. Vaccination Schedule

- » States must prepare a pre-season vaccination calendar for pilgrimage-bound equines, prioritising Equine Influenza depending in the endemicity of the disease.
- » Vaccination for tetanus, rabies and equine influenza (need based depending upon recent surveillance data)
- » Vaccinations must be completed at least 21 days prior to deployment.
- » Booster doses to be administered in accordance with manufacturer guidelines and ICAR-NRCE advisories.

11. Establishment of Diagnostic Laboratory

- » Each State Animal Husbandry Department must identify a logistically feasible location to establish or designate a dedicated diagnostic laboratory for equine diseases.
- » The laboratory must ensure that samples from the field can be transported

within 24 hours and that results are reported within a turnaround time of 48 hours.

- » Harmonisation of laboratory protocols and reporting formats must be ensured in consultation with ICAR–National Research Centre on Equines (NRCE), Hisar.

12. Enforcement of Animal Welfare Norms

- » Compliance with PCA Act, 1960:
- » Max walking distance: 20 km/day; no night movement.
- » Injured/pregnant/sick animals must not be used.
- » Adequate halts and harness removal mandatory.
- » No spiked/harsh equipment or heavy ornaments.
- » Load limits: 80-90 kg for horses/mules 50 kg for ponies and ; 25 kg for donkeys.

13. Monitoring and Data Management

- » State AHD in collaboration with District SPCA to record:
- » Suspected disease outbreak/confirmed outbreak (if any) needs to be recorded.
- » Track maps and lengths
- » Number of equines per track
- » Injuries, deaths, and cruelty cases (daily)
- » Reports to be submitted to District Magistrate and State Animal Welfare Board.

14. Oversight by State Animal Welfare Boards

- » Ensure SPCA registration, health screening, and compliance.
- » Publish weekly updates on official websites.
- » Assist in infirmary and shelter planning.

15. Notification of Relevant Rules

- » Strict enforcement of Prevention and Control of Infectious and Contagious Diseases in Animal Act, 2009.
- » State governments must notify and enforce:

- » PCA (Licensing of Farriers) Rules, 1965
- » PCA (Draught and Pack Animals) Rules, 1965

16. Capacity Building :

A training for veterinarians and para-vets before the Yatra season especially for treatment guidelines and disaster response (identifying the diseases symptomatically, sample collection and dispatch to be conducted by the State AH Department. Every team in the management on Yatra route should have at least one trained veterinarian.

These guidelines are intended to provide a standardised and compassionate framework for the use of equines during religious and tourism-related journeys in India, safeguarding both animal welfare and public safety.

Annexure

Essential medicines required at base camp and transit camps for treatment of Working Equines during Religious Pilgrimages in India

Analgesics/NSAIDs

- » Phenylbutazone; Flunixin meglumine (colic/endotoxemia); Meloxicam; Ketoprofen Opioid analgesia (for severe pain/colic)
- » Butorphanol; Buprenorphine

Sedatives / Tranquilizers (restraint, painful colic, procedures)

- » Xylazine; Detomidine; Acepromazine

Local / Field anesthesia

- » Lidocaine 2%; Bupivacaine 0.5% and /or Ketamine

Antimicrobials

- » Penicillin G procaine (IM); Ampicillin; Gentamicin/Amikacin; ceftiofur; Trimethoprim-sulfa; Oxytetracycline; Doxycycline; Metronidazole; Enrofloxacin; Azithromycin/Clarithromycin + Rifampin (e.g. for Rhodococcus).

Antihistamines

- » Pheniramine maleate; Chlorpheniramine; Diphenhydramine.

Bronchodilators & airway meds

- » Clenbuterol syrup; Salbutamol; Ipratropium; Dexamethasone; Bromhexine

Colic

- » Hyoscine butylbromide- Buscopan; Mineral oil; MgSO₄; Psyllium; Activated charcoal.

Hemoparasites

- » Berenil (Diaminazine aceturate) and Qunapyramine methyl sulfate/chloride

Anthelmintics (rotation per resistance status)

- » Ivermectin; Fenbendazole; Praziquantel.

Fluids & electrolytes

- » Ringer's lactate; Normal saline; 25–50% dextrose; hypertonic saline; IV bags

Emergency & resuscitation

- » Epinephrine; Atropine; Prednisolone sodium succinate; Furosemide; Calcium borogluconate; Tranexamic acid (severe bleeding, off-label).

Ophthalmic

- » Atropine 1% drops; Proparacaine; Ofloxacin/Chloramphenicol ointments.

Wound & skin

- » Povidone-iodine; Chlorhexidine; Lorexane cream; Sterile saline; Silver sulfadiazine cream; Oxytetracycline spray; DMSO (dilute); Diclofenac gel (topical only).
- » Bandages, Gauze, Scissors,
- » Epsom salt (soaks); Copper sulfate

Ectoparasiticides (vector/flies/ticks)

- » Permethrin/Deltamethrin sprays; Lorexane

Biologicals

- » Tetanus toxoid; Tetanus antitoxin for high-risk wounds.
- » Equine influenza vaccine stocks as per guidelines

Restraint, Intubation & First-Aid Accessories

- » Twitch; Stomach tube; Sleeves/gloves/masks/cap; Thermometer;

Stethoscope; Syringe 20 ml and 10 ml; Needle 18 gauge and 20 gauge;
Aprons; Scissors

Sampling kit: EDTA vial, heparinised vial for blood sample collection;
Syringes; needles, sample collection containers/bags, formalin, marker pen

Transit camps (minimal set)

- » **Colic:** Flunixin, Buscopan, NG tube with mineral oil & MgSO₄, IV fluids, oral electrolytes.
- » **Respiratory distress:** Clenbuterol syrup, Salbutamol MDI + spacer, Dexamethasone.
- » **Pain/trauma:** Xylazine + Butorphanol, Phenylbutazone or Meloxicam, local lidocaine, wound antiseptics, silver sulfadiazine.
- » **Infection:** Procaine penicillin (IM), Gentamicin (IV), metronidazole
- » **Emergencies:** Epinephrine, Prednisolone sodium succinate, Atropine (use judiciously), Furosemide, Ca-borogluconate
- » **Biologicals:** Tetanus toxoid + antitoxin.
- » **High-altitude:** IV fluids (Warmed)



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