

## **Worming Horses**

Controlling Worms involve the following:

### **Effective pasture management**

- **Dung collection** from the pasture at least fortnightly. This will help stop the worm's life cycle. The eggs are passed out in the horse's dung and hatch into larvae. The larvae move into the grass, climb to the grass stalk and are eaten by the horse. By removing the dung, the eggs do not have a chance to hatch and the worm life cycle is over
- **Do not overstock the pasture** the more horses grazing the land, the greater potential worm output and infestation
- Rest pastures where possible

#### Identifying & monitoring horses with a heavy worm burden

- Collect fresh droppings and drop into the office to send to lab for a faecal egg count test.
- Horses with a low FEC should be tested every 4 Months
- Significant worm burdens should be treated and re-tested in 2-3 Months. Horses with a heavy burden should be tested following treatment to check for resistance.

**Note: FEC's are not reliable for Tapeworm-** A blood test is required. Treat once or twice yearly (Spring & Autumn) depending on results.

#### Using effective worming treatment-

March/April (blood test	Negative/low result- treat in	Low result- repeat test in 3 Months
tapeworm)	Autumn	High result- treat using
Faecal Egg Count	High result- treat using	Ivermectin/Moxidectin. Re-test after
	suitable product e.g.	8 weeks
	Praziquental or Pyrantel	
July Faecal Egg Count	Low result- repeat test in 3	
	Months	
	High result- treat using	
	Ivermectin/Moxidectin. Re-	
	test after 8 weeks	
September/October	Treat for Tapworm &	*Worm all new arrivals with Equest
	Redworm (moxidectin and	Pramox. Stable for 48hrs before
	Praziquantel e.g. Equest	turnout with other horses
	Pramox	



Horse with a 'worm belly'

Autumn worming protocol should include tapeworm treatments

Faecal egg counts

Rotation of wormers

Ectoparasites – lice/mange

Fluke – Irish equine centre found liver fluke in horses on post-mortem. If your mare is thin its worth considering. We can treat with a stomach tube dose.

# \*\*NB- when oral dosing horses be aware of the following\*\*

Underdosing due to incorrect body weight estimation and the horse throwing out the dose



