

Directors: Stephen F. Glanvill, M.A., Vet.M.B., D.B.R., O.V.S., M.R.C.V.S.
 Simon D. Richards, B.V.Sc., O.V.S., M.R.C.V.S.
 Gary Jennings, B.Sc., B.Vet.Med., M.R.C.V.S.

ANNUAL WORMING PACK QUESTIONNAIRE

Please help us to help you more efficiently, by answering a few questions about your horse and stable management. It is important that all the questions are answered to the best of your ability. A Worming Pack can then be tailored to suit your requirements.

Thank you.

Name: Date:

Address:

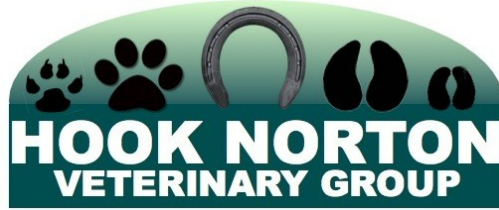
..... Postcode:

Contact telephone no:

Name of horse	Height	Estimated weight/ Condition	Breed	Age	Sex

- (1) Has the horse/s had any previous medical or surgical problems?
- (2) Is the horse/s on any permanent medication for a long term condition?
- (3) Is there any chance the horse could be in foal?
- (4) Is the horse intended for human consumption?
- (5) Has the horse had colic before?





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- (6) Do you know of any prior worm related problems with this horse? Does it have a good worming history?
- (7) How long have you owned the horse?
- (8) Is this horse intended for Racing/FEI showing level competitions?
- (9) How are your horses kept?
Stabled Grass kept Mixture of both
- (10) Do you share grazing with other animals outside your care?
- (11) How often do you skip/muck out your fields?
Never Daily Weekly Monthly
- (12) Do you rest your paddock/s for greater than three months at any time?
- (13) Do you graze sheep or cattle on your paddocks?
- (14) Do donkeys have access to your grazing?
- (15) Are you interested in decreasing the frequency of worming?

Please return this questionnaire to the practice for the attention of Sarah Aston, EVN. Sarah will contact you when your pack is completed and ready for collection.

If you have any problems in the meantime or need help filling the questionnaire in, please feel free to contact the surgery on 01608 730085 and we can discuss with you.

2/2



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