

Individual Tailored Worming Programme Questionnaire

- How many horses do you own?
- Please list their names, sex and breed and if you have specific individual concerns about worm burden?

Name	Age	Sex	Breed	Concerns?

- How many horses are kept on the premises?
- Type of premises/livery? (e.g. private, DIY, full livery) **Please circle**
 Private yard/ at home DIY/assisted livery Full livery Other
- Brief details of current worming programme:
- Date last wormed and product used:
- Do you poo pick on a regular basis?
YES NO
- Do your horses share grazing with horses other than your own? (i.e. are you the only owner responsible for the horses in your field?)
YES NO
- Would you be interested in using worm egg counts on a regular basis in order to minimise the number of wormers used? (this is not necessarily a more expensive option)
YES NO

Name: **Address:**

Preferred contact method: Phone/Email **Mobile no. /Email address:**

Please circle

N.B. Please bring in faecal samples for testing Monday-Thursday in a plastic bag labelled with your horse's name and surname.