ROSSDALES
VETERINARY SURGEONS

Routine Mare & Foal Health Care for small studs and breeders

Routine health care for your mares and foals is an important part of disease prevention and control. It is just as important to carry out vaccinations, worm control, routine dental care and disease monitoring in these horses as it is in non-breeding, adult horses.

Here are some recommendations, which you should **discuss with your veterinarian** to ensure they are appropriate for your situation:

Vaccinations, injections and blood samples

MARE

1. **Equine Herpes Virus vaccination:**
   At 5, 7 and 9 months of pregnancy.
2. **'Flu and tetanus vaccination:**
   Last month of pregnancy.
3. **Rotavirus vaccination: [OPTIONAL]**
   More important in bigger studs where there is likely to be a higher amount of Rotavirus in the environment. Vaccination is given at 8, 9 and 10 months of pregnancy.

FOAL

1. **Tetanus Anti-toxin injection:**
   Given at birth into the muscle.
2. **IgG blood test:**
   To check immunoglobulin G for failure of passive transfer when the foal is 12-18 hours old.
3. **'Flu and tetanus vaccination:**
   Start the primary course when the foal is over 6 months old.

Dentistry

MARE

1. **Routine dentistry**
   'Floating' or 'rasping' should be carried out at least once a year, with some horses requiring more regular care. It is vital for the mare to be gaining the required nutrition from the food you are feeding whilst the foal is developing during pregnancy and whilst the mare is nursing.

FOAL

1. **Examine the foal at birth**
   For any palate abnormalities (e.g. cleft palate), parrot mouth, underbite, wry nose, etc.
2. **Routine dental examinations**
   Should start when they are yearlings to correct any issues early on.
3. **Routine rasping/floating**
   Normally required by the time the horse is 2 years old, if not before.

Worm control

MARE

1. **Moxidectin and Praziquantel late autumn/early winter**, to control tapeworms, encysted redworms and other strongyles.
2. **Worm Egg Count every 3 months**, throughout the rest of the year to assess strongyle burden.
3. **Ivermectin during last month of pregnancy** if not recently treated with ivermectin already and you have had a previous problem with *Strongyloides westeri* (threadworm) on the premises.

Good management is essential

- **Clean foaling boxes regularly to prevent the build up of *Strongyloides westeri***
- **Do not overstock paddocks, barns, etc.**
- **Do not use the same paddocks for foals/ yearlings in successive years, if possible**
- **Remove dung from paddocks at least twice a week (foal and yearling paddocks should be prioritised for this)**

FOAL

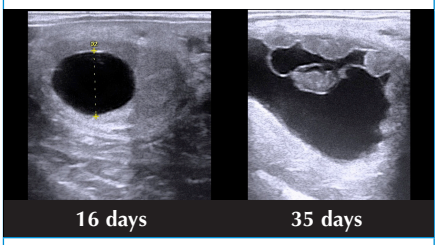
1. **Fenbendazole (single dose) at 2 and 4 months old**, to control ascarids (roundworms), especially if there is existing paddock contamination.
2. **Worm Egg Count at 5 months old**, to check what is left after the previous worming (this can be done 2 weeks post-worming to perform an 'efficacy check').
3. **Worm Egg Count every 3 months** From there on as per the adult horses.
4. **Moxidectin and praziquantel late autumn/early winter** To control tapeworms and encysted redworms and other strongyles ***Do not use in foals less than 6 1/2 months old***
5. Continue with **adult worming programme**, as recommended in the first column here for the mare. However, younger horses may need more frequent **worm egg counts**, as the worm burden can increase more quickly after treatment than in mature, adult horses.
6. Some young horses require a second moxidectin treatment in the late winter/early spring, especially if they are grazing outside in mild winter conditions.

Paddocks, stables, buckets and tools

It is strongly advised that mares and foals, both during pregnancy and after birth, are kept separate from other adult horses. This is to prevent worms and other infectious diseases from spreading between the groups. Adults can infect youngstock with worms, bacteria and viruses that they cannot yet cope with. Youngstock can also spread diseases to the adult horses, which could disrupt their ability to be exercised/ competed. Ideally you should carry out the following:

- Separate fields for mare and foal, which are never shared with the other adult horses.
- Separate stabling, buckets and tools.
- Wash hands and boots +/- change clothing when moving between the breeding group and the non-breeding group.
- If any diseases are suspected immediately isolate that group and the individuals if necessary, and call your veterinarian.
- Refer to the **HBLB Codes of Practice** for further guidance: these are available online at **http://codes.hblb.org.uk**
- Alternatively, this information can be downloaded in the **EquiBioSafe** mobile app via your usual application download store.

This timeline provides a useful checklist of actions that should be taken from prior to the mare being covered through to weaning the foal.

MARE		FOAL
Test for CEM, EIA and EVA	**Preparation for covering**	
Scan to confirm pregnancy at 16 days **Scan for viable foal** at 35 days	**Covering**	 16 days 35 days
1st Herpes vaccine at 5 months **2nd Herpes vaccine** at 7 months **3rd Herpes vaccine** at 9 months **Flu & tetanus vaccine booster** at 10 months **Ivermectin** during last month of pregnancy for *Strongyloides westeri* if high risk (discuss with your vet)	**Gestation**	
	Foaling	**Tetanus Anti-toxin** at birth **IgG blood test** at 12–18 hrs old **IgG blood test**
	Foal at foot	**Fenbendazole** at 2 months **Fenbendazole** at 4 months **Worm egg count** at 5 months and then every 3 months going forward
	Weaning	**Start 'flu vaccinations** between 6–7 months old

Both mare and foal (once over 6 1/2 months) need treating with moxidectin at Christmas/New Year (and praziquantel if not previously administered)