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## DEWORMING AND TESTING PROTOCOL

Growing concern over the development of drug resistance in equine gastro-intestinal parasites has led the veterinary community to rethink some of our long held positions on deworming in the horse. With no new anthelmintics (dewormers) being developed, we all need to do what we can to preserve the efficacy of the drugs currently available. This means using appropriate drugs, in proper dosages, at adequate intervals-and monitoring effectiveness. Just as important as proper drug use is proper space and manure management. Stocking density and manure management can vary widely among facilities. These are important factors to be considered when formulating a deworming protocol.

While there is no perfect plan that will suit every circumstance, we would suggest these two variations as starting points.

### Stable, Unchanging Populations

- Use fecal exams to identify the shedder(s)-those with decreased immunity to parasites that pass more eggs and continue to contaminate the environment. Do a spring deworming, wait 90 days then collect a fecal sample from each horse (those with higher egg counts are the shedders)
- Deworm the entire herd twice a year with a combination product for tapeworms such as: Ivermectin with Praziquantel - Equimax or Ivermectin with Moxidectin -Quest Plus. once in early spring and again in late fall (ie. March and November)
- Deworm any horse identified as a shedder one to two more times throughout the year with a Fenbendazole (Panacur) or Pyrantel Pamoate (Strongid). There are other brands out there, the important thing is the drug in the product.

### Unstable, Fluid Populations

- Deworm all new arrivals with a combination product before releasing into the general population
- Use twice a year deworming with combination products as the base plan but use quarterly fecals to identify those horses that will need additional doses of dewormer