EXCELLENCE IN PRACTICE

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EQUINE review

EQUINE
POOR PERFORMANCE

TETANUS
SYMPTOMS & PREVENTION

AUTUMN 2010

pony pages

FOR OUR YOUNGER READERS

xl vets
Excellence in Practice

AUTUMN 2010
XLVETS EQUINE REVIEW

SEVENTH EDITION

XLVets is a novel and exciting initiative conceived from within the veterinary profession. We are all independently owned, progressive veterinary practices located throughout Great Britain committed to working together for the benefit of our clients.

Our intentions...

Our vision is that by sharing experience, knowledge and skills we can deliver the highest standards of service and care to all our clients. As members of XLVets, we have worked hard to create a model of how veterinary practices can work together as an extended national team, sharing the latest ideas and passing on the benefits that arise to all our clients.

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Tyndale Farm Veterinary Practice
Wensum Valley Veterinary Surgeons
Westmorland Veterinary Group
Willows Veterinary Group
Wright & Morten

Welcome

A warm welcome to our XLVets Equine Review again. We hope you all had an excellent summer riding and enjoying your equine companions. We have articles on a range of subjects suitable for all horse and pony owners for you to read as the dark nights close in. If anyone has any queries arising from these articles please contact your local XLVets practice where your local vet can disucss them further.

Wendy Furness MA VetMB CertEP MRCVS
Scarsdale Veterinary Hospital

FEATURED in this issue...

Paul May Paragon Veterinary Group

Since the late 1980's it has been apparent that fell ponies suffer a lethal syndrome affecting foals in the first three months of life. In the mid 1990's, as a result of work funded by MAFF at the Penrith VI centre and at Lasswade, it was identified as a syndrome of anaemia, immunodeficiency and neuropathy and was referred to as Fell Pony Syndrome.

(FIS)

FOAL IMMUNODEFICIENCY SYNDROME

Much more recently the condition has been confirmed in a Dales pony foal and there are strong suspicions that it will surface in other pony breeds, in particular the coloured cobs. As a result the condition has now been renamed Foal Immunodeficiency Syndrome.

Affected foals appear normal at birth although some breeders develop suspicions at an early age. They usually become obviously sick around ten days to three weeks of age and it is their failure to respond to treatment that arouses concern over their future. They become progressively anaemic and succumb to secondary infections, most commonly diarrhoea and respiratory infections. If the foal survives the infections, the anaemia becomes steadily worse until they no longer have enough strength to continue. In the advanced stages of the condition, the gums are extremely pale and the foal will not be feeding at all. We have never understood the lack of appetite which is a major feature of this condition and leads directly to the devastating weight loss. Until recently, vets have been frustrated by a lack of diagnostic tests that could definitively identify the syndrome in affected foals and allow decisions to be made about the future of the foal.

At the end of 2009, as a result of the research collaboration between The Animal Health Trust and The University of Liverpool, Leahurst, it was announced that the suspected genetic defect responsible for the syndrome had been positively identified. The practical application of this breakthrough is that the Animal Health Trust is now offering a DNA test that can positively identify the carrier animals and those affected by the syndrome. The sample required is hair plucked from the mane, (or from the tail in foals if the mane hair is brittle) by a veterinary surgeon and the identity of the animal checked against the passport and microchip. Your local XLVets practice can obtain the sample kits from the Animal Health Trust and more information is available via their website http://www.aht.org.uk/genetics_fis.html.

This is a major breakthrough for the affected breeds and represents a significant advance in our provision for the welfare of affected foals. Until this test became available, our only confirmation for affected foals was that their health worsened in time despite treatment. The availability of this DNA test will significantly shorten the time affected foals are suffering which is a great relief for

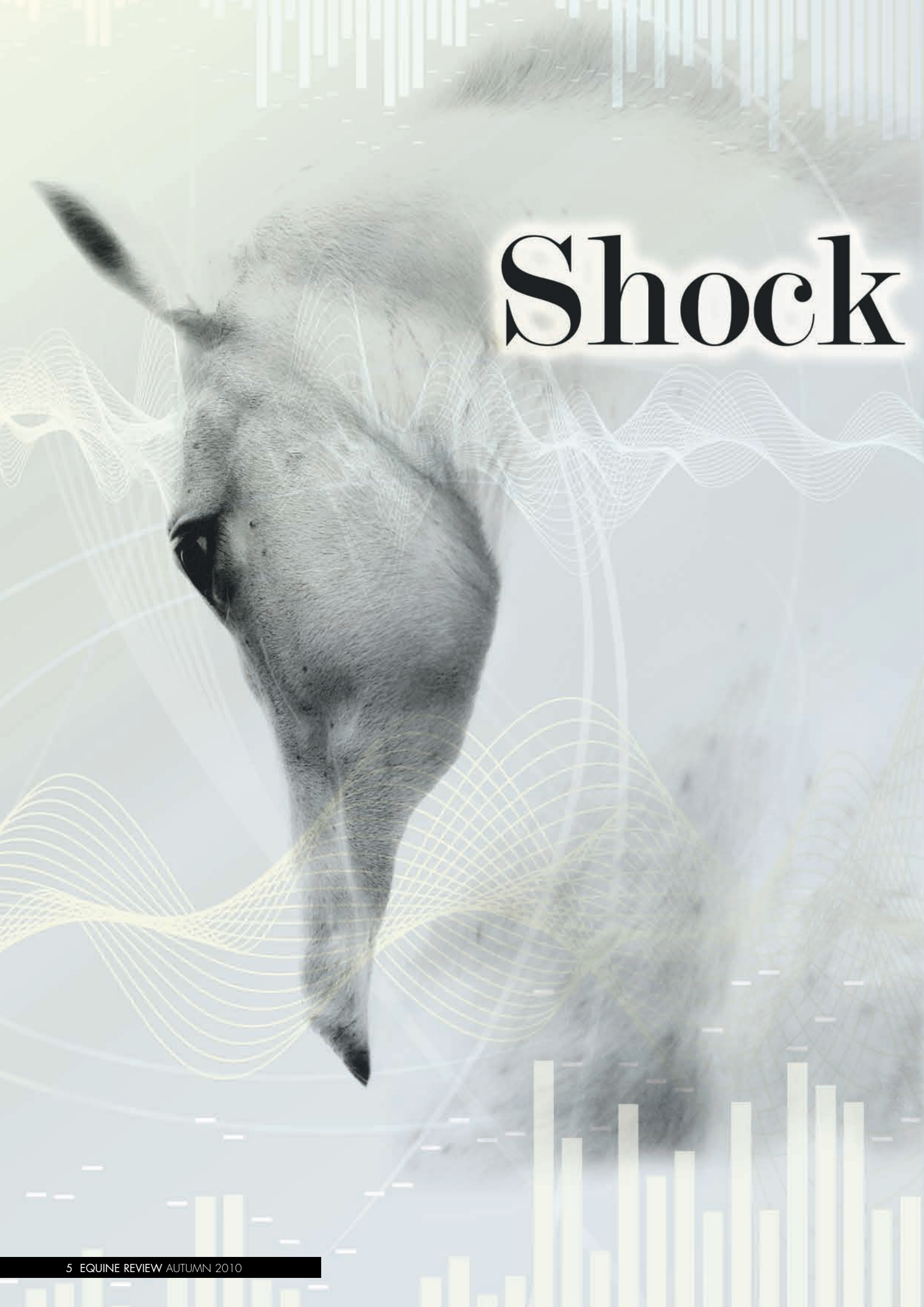
Pale gums, as seen in the advanced stages of the disease.

AFFECTED FOALS appear normal at birth although some breeders develop suspicions at an early age. They usually become obviously sick around TEN DAYS TO THREE WEEKS OF AGE and it is their failure to respond to treatment that arouses concern over their future.

all involved. Identifying carriers with this new test will allow breeders to develop breeding strategies that in time will start to reduce the incidence of carriers in the breeding population. Eventually the defective gene can be bred out completely using the information from the test. Because of the widespread incidence of carriers in the breed populations, it will be important not to rule out carriers from breeding or the loss of genetics will be too great and this could lead to further problems.

The reason for the appearance of this gene in the fell and dales breeds is thought to be due to an initial mutation. The low number of breeding animals allowed the defective gene to be established in the population.

It is for this reason that it is important to retain as many breeding animals as possible and use breeding strategies such as breeding a non-affected with a carrier to prevent the risk of breeding affected foals whilst retaining the vital genetic spread.



Shock

ARTICLE BY **MERVYN DREVER**, ARDENE HOUSE VETERINARY PRACTICE, ABERDEEN

In VETERINARY MEDICINE every now and again a new treatment comes along which will change the way in which we approach and treat a condition. These sometimes arrive with the downside of complications of the method of drug-administration, side effects or reactions with other drugs.

wave therapy
a revolutionary new treatment?

Our recent experience with a new therapy using shock waves is that we have found a very effective non-invasive approach for the treatment of musculoskeletal disorders causing pain and lameness in horses.

Shock waves are energy-laden sound waves which are directed at the affected area triggering the body's own repair mechanisms, helping the body to heal. Although the mechanism by how it achieves this is not fully understood we do know from recent studies that there are a number of beneficial effects. These include a decrease in inflammation, improved new blood vessel formation, an increase in the number of 'repair' cells at the injury site and the production of various innate substances which improve the speed and quality of healing of the damaged tissue. It also stimulates the body to 'recruit' more stem cells which are destined to become the new specialised healed-areas of tissue. Scientists have also shown, through various mechanisms, that pain which emanates from degenerative diseases in bone (such as arthritis) and injuries to soft tissue is alleviated. Extracorporeal Shock Wave Therapy (ESWT) is most effective when the generating machine has the ability to focus shock waves on the problem area.

ESWT has been around in human medicine from the early 1970s and has been utilised for fracturing bladder stones and the treatment of tendonitis (conditions such as tennis elbow). Thereafter as its human usage became more widespread, particularly in the treatment of sports injuries, there was a parallel and corresponding proliferation of its use in horses. Recent scientific work confirming its treatment credentials and safety in horses has seen an increase in the number of machines available in vet practices in the UK. This expansion is only mitigated by the cost of these machines which is around £27,000 at present.

We have found ESWT to be very helpful in the treatment of many different painful lameness and back conditions. Tendon and ligament injuries respond particularly well to ESWT as it is good at stimulating an increase in the speed and quality of healing. This means we have a new and helpful weapon in our armoury for the treatment of Flexor Tendon sprains and Suspensory Ligament injuries. The therapy appears to turn more chronic conditions into more 'acute' types which seems to be of value in stimulating further healing; there is a theory that the body may have 'forgotten' these injuries exist allowing them to grumble on.

More recent investigations in the USA by some top practitioners have shown that ESWT has a very beneficial effect on painful Osteoarthritis in horse limbs. This study indicated there was a recommended role in the treatment of the age-old scourges of Spavin, Ringbone and Navicular Syndrome. Not only was ESWT useful on its own but it could be used safely and effectively in conjunction with other remedies such as anti-inflammatories and painkillers. Painful back and pelvic conditions have also been demonstrated to respond positively to ESWT whether they are of an arthritic, muscular or ligamentous nature.

Recent research has shown a beneficial effect on wound healing, decreasing the time to completion. This is thought to be due to the stimulation of fine blood vessels in the wound and its ability to destroy bacteria in the wound-site. Some of this work is longer established in humans where ESWT has been successfully used to treat indolent foot ulcers in diabetic patients or wounds in burn victims.

What has also made this therapy more desirable is its non-invasive nature, the beneficial effects having the ability to be focused on tissue as deep as 40mm under the skin. Many horses passively accept the treatment and will stand while the treatment is administered. In some cases a mild sedation may be required. This makes ESWT attractive as the horse need only attend our hospital as an outpatient and each treatment cycle takes only 10-20 minutes. Two or three cycles are normally required to complete the treatment.

The future of ESWT and its use in the horse (and other species) holds great promise. As horse owners, over the coming years you should expect to see an increase in the equine veterinarians' use of ESWT in an array of conditions.

‘Shock waves are energy-laden sound waves which are directed at the affected area triggering the body's own repair mechanisms, helping the body to heal. Although the mechanism by how it achieves this is not fully understood we do know from recent studies that there are a number of beneficial effects...’

Mervyn Drever Ardene House Veterinary Practice

WENDY FURNESS MA VetMB CertEP MRCVS, Scarsdale Veterinary Group

Poor Performance

Competition horses presenting with poor performance are often a challenge for owners, trainers and vets. Unlike many other problems a high percentage of these cases will have few or no findings on initial examination. Other cases will have findings either on initial examination or on further tests used, but then it can be difficult to prove that these findings are the cause of the poor performance.

When initially dealing with cases the vet involved will spend time discussing the case with the owner and/or trainer to establish the full history of the horse. This will involve discussions as to whether the horse has previously had a good competition record (easier in more mature horses) and has now reduced performance, or whether the horse has never performed well. In these cases the difficulty arises in distinguishing between horses that have a physical problem that can be treated, versus those who are just not talented enough to make the grade. Change of rider and rider ability can also complicate the picture. Ability to perform at a high level depends on the coordination of key body systems such as the musculoskeletal, cardiovascular, respiratory and hematological

‘The horse's heart functioning normally is essential to being able to perform at high levels of exercise. Hearts are initially assessed by listening with a stethoscope to rate, rhythm and any abnormal noises indicating valve disease...’ Wendy Furness Scarsdale Veterinary Group

systems, each of which needs to be assessed independently. Some problems are more likely to cause an issue in one discipline but not another.

Initially horses will be given a full clinical examination and usually blood tests taken to assess hematology (looking for anaemia and chronic infection) and biochemistry (liver, kidney and muscle enzymes). The examination will include checking the heart and respiratory systems at rest, palpation of the limbs, neck and back, and examination of the mouth and eyes. Horses are then examined in straight lines, on the lunge and ridden to assess for low grade lameness issues. Seeing the horse without a rider is as important as seeing it with a rider as experienced riders may inadvertently mask low grade lameness by their own riding ability.

Horses doing specific disciplines can be subjected to repetitive strain type injuries. If these occur on both limbs, which is common, then lameness may not be overt. Common problems for example would be low grade foot or hock pain in jumping horses which may affect a horse’s desire to take off or land. In hindlimbs in dressage horses injuries to the suspensory ligaments are common. On some occasions it may be necessary to nerve or joint block a horse then the rider to ride the horse to help to assess the results. Other conditions such as muscle problems are also tested for.

To test the respiratory system horses should have an endoscopy performed at rest and samples taken from the airways to be anaylsed. Unlike humans, who cough readily with lower respiratory tract (lung) disease, horses often do not show many outward signs with low grade disease. These horses however when pushed to the edge of their athletic ability may not be able to perform. Obstructive disorders of the upper respiratory tract can be evident at rest. Many of you will be aware of conditions such as left sided laryngeal hemiplegia (a 'roarer') and entrapment of the epiglottis amongst others. Collapse of these structures and physical blocking reduces the diameter of the airway leading to lower airflow and increased work of breathing.

In some cases these changes will only occur at exercise. Traditionally the only ways of diagnosing these was to endoscope horses on a treadmill. There are very few horse treadmills available in the country and horses have to be trained to use them. Obviously riders are not involved in these cases so they may not necessarily simulate real working conditions.

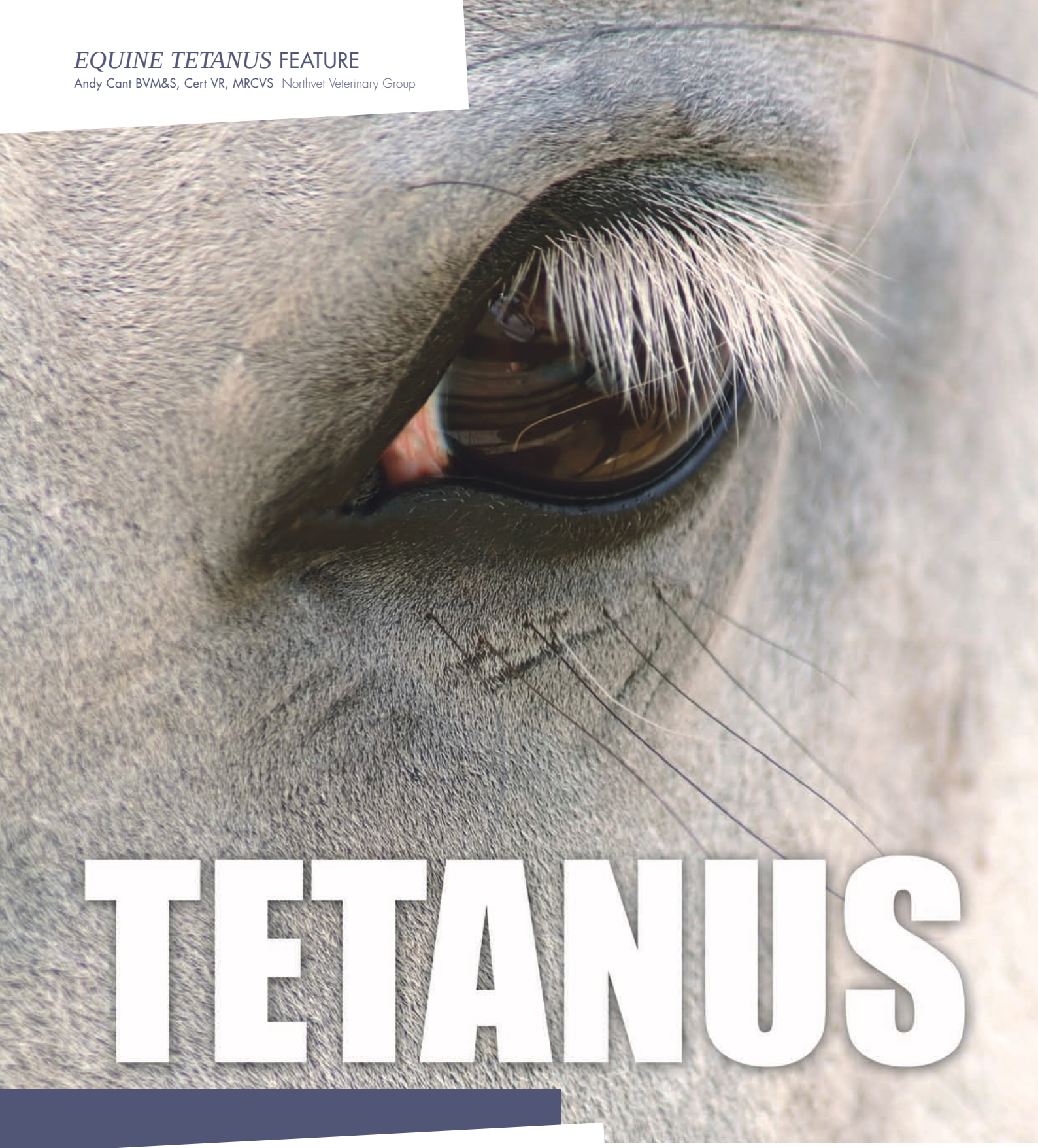
During the past few years advances in technology have enabled the development of endoscopes that can be used in the ridden animal. These are very lightweight and safe to use for horse and rider allowing the ability to test the horse in its natural environment. Once the horse is used to having the endoscope in place, exercise commences and a video is made of the horse's larynx and pharynx (structures at the back of the throat) at exercise. This system has been used in all sorts of disciplines from reasonably sized ponies (it is not generally suitable for small ponies) to large eventers.

The horse's heart functioning normally is essential to being able to perform at high levels of exercise. Hearts are initially assessed by listening with a stethoscope to rate, rhythm and any abnormal noises indicating valve disease. An ultrasound examination of the heart can be performed in poor performance cases to assess heart size and valve function. Heart rate and rhythm are assessed by heart rate monitor and ECG recoding during exercise. There are some cases where heart rhythm may change only during exercise.

Remember...

Many of the conditions that are detected on these cases can be treated or managed to enable your horse to return to competing at an appropriate level. The important thing is for the vet, rider and trainer to work together to establish the cause of the problem and make a treatment plan. If you have any queries arising from this article please contact your local XLVets practice to discuss them further.

Andy Cant BVM&S, Cert VR, MRCVS Northvet Veterinary Group



TETANUS

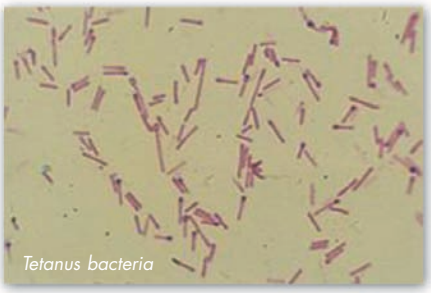
Of all the domestic species of animals, horses are the most prone to contracting the disease called Tetanus. So although you may be familiar with the name it is important to understand how a horse can become infected, the serious nature of the symptoms and how the disease can be prevented.

Tetanus is caused by the bacterium Clostridium tetani and it can affect most species of animals including man. It is one of the oldest documented diseases, the typical spasmodic symptoms being described accurately by Hippocrates 'the father of medicine' in the 5th century BC.

Clostridium tetani has developed some clever methods of surviving and causing disease. It is widespread throughout the world in soil and faeces and forms resistant spores which can survive in the environment for long periods of time, as an ever present risk.

The bacteria become active and multiply in poorly oxygenated (anaerobic) conditions. Deep puncture wounds or bruised tissues with a poor blood supply create these anaerobic conditions. This is why puncture wounds of the foot, which have a high probability of being contaminated with soil, are the classic injury that leads to the onset of the disease. Other high risk infection routes occur at foaling: firstly in mares, through contamination of the uterus and secondly in newborn foals, through the umbilicus.

As the bacteria multiply they produce various neurotoxins and it is these, especially one called tetanospasmin which cause the clinical signs seen with the disease. The toxins spread along nerves and through the blood stream to the CNS where they bind to nerves causing continuous stimulation of the muscles they supply. Horses are very sensitive to the effects of the toxin and it takes only small amounts to cause disease. The time taken for symptoms to appear after injury is generally 7-21 days but can be longer, by which time the original wound may have healed and been forgotten about.



Tetanus bacteria

Symptoms follow a progressive spasm of muscles and increased sensitivity to noise and sudden movement. Initially horses may appear stiff, not wanting to move or lower their neck to graze, this then leads on to a more definite rigid 'sawhorse' stance with the tail head raised. The horses' expression can take on a tense appearance as contraction of the facial muscles pulls back the lips, flares the nostrils, widens the eyes and makes the ears stand erect. Spasm of the third eyelid muscle causes it to protrude across the eye and involvement of the jaw muscles prevents the horse from opening its mouth, leading to the old name for this disease of 'Lockjaw'. Loud noise or sudden movement will exacerbate the signs bringing on bouts of severe spasms. Eventually the horse will collapse with convulsions and death will follow due to respiratory failure.

Animals' suffering from tetanus have a poor prognosis and once clinical signs are advanced treatment is rarely successful. Treatment, when attempted, is aimed at killing the bacteria, neutralising the neurotoxins and giving symptomatic and nursing care.

Penicillin is effective at killing the bacteria and will stop more toxins being produced. Tetanus antitoxins will mop up any free toxin in the blood stream however it has no effect on the toxins that are already bound to nerves, so the nerve damage cannot be reversed. This is one of the main hurdles to effecting a recovery.

Sedatives and muscle relaxants as well as a dark, quiet stable can help control spasms. Where the chances of recovery are very poor, euthanasia on humane grounds may well be more appropriate than attempting to treat.

Prevention...

Tetanus is definitely a disease you want to take steps to prevent and this is easily done by vaccination. Vaccination with tetanus toxoid gives good long lasting protection.

The protocols for vaccination are outlined below. Mares and foals are special cases and are outlined separately.

Tetanus antitoxin can be used to give immediate but short term protection. It is commonly given to foals at birth, injured animals or animals undergoing surgery where there is no history of vaccination or the history is unknown.

Horses and ponies

Those previously not vaccinated, or with an unknown vaccination history, or overdue for vaccination booster should receive...

- Primary course of two injections 4 - 6 weeks apart
- First booster 12 months after primary course
- Follow up boosters every 2 years

Pregnant Mares

Ideally the mare will have received the primary course and be up to date with boosters prior to becoming pregnant. A booster given 4-8 wks prior to foaling will then provide high levels of passive immunity to her foal via the colostrum. This passive immunity will protect the foal for up to 6 months.

Foals need careful consideration

- The umbilicus of the new born foal is a potential entry point for infection. So they are high risk.
- The immune system of the foal cannot respond to vaccination until 3-4months old.
- Passive immunity from maternally derived antibodies (MDA) absorbed from the mare's colostrum will protect the foal up to 6 months old but will also interfere with response to vaccination during that time.

A donkey with Tetanus

Therefore:

1. Foals born to unvaccinated mares or foals not receiving colostrum should be given antitoxin at birth. The primary vaccination course can then be started at 3-4 months.
2. Foals born to mares of unknown vaccination status and foals receiving poor quality colostrums should be given antitoxin at birth. The primary vaccination course can be started at 3-4 months but should be repeated at 6 months in case of interference from MDA.
3. Foals from mares that received a booster 4-8 weeks prior to foaling and having good quality colostrum can rely on MDA to protect them up to 6 months old and can start the primary course at 6 months.

As well as vaccination, reducing the risk of injury and prompt attention to wounds are important.

Avoiding contact with objects and structures that could possibly cause injury is another important preventative step. So make sure your horse lives in a safe, clean and tidy environment whether that be in the stable or out at grass.

When wounds do occur cleaning and first aid are essential. These should be done as soon as possible. Deeper wounds may require flushing and drainage, with antibiotic therapy as appropriate.

Tetanus, thanks to widespread vaccination is a sporadic disease, however it is an ever present risk. Remember horses are particularly susceptible due to their close association with soil, their athleticism and increased chance of injury and their sensitivity to the toxins. So don't be complacent:

- Assume the bacteria are out there
- Accept that treatment is often unsuccessful
- Arrange for vaccination!

PART 1
OF A TWO PART SERIES

Who am I? This is a photo of me. I am a fit, young at heart male horse. I am actually 20yrs old, (middle aged in human terms) I like to think of myself as 5yrs old with 15yrs experience!!!

I've done a bit of everything through my life; got a bit of experience under the old belt…… I'm sure the young fillies love my wisdom. I am single at the moment and always happy to spend time with others out hacking.

An old codger's blog

An insider's view on the life and management of the mature horse...

As told to Dr Teresa Hollands R.Nutr

Bank holidays, shows and diet

I used to love bank holidays, there was always a show on and without wanting to be too immodest I was usually in the winnings.

Winning rosettes meant a celebration and often a chance to share an ice-cream with the jockey.

Show days were great, none of this messing about with trailers and bandages, we hacked everywhere up to 10 miles away and if it was further than that, we simply didn't go.

Mind you, I'm lucky the current partner I have realises that just because I am 20, it does not mean that I'm not just as capable as I have always been. We are off to a show tomorrow and that means a bit of indulgence.

I really enjoy all that grooming and pampering before a show.

Changes in diet

Thank goodness she doesn't feed me any extra just because I am competing tomorrow. She is quite good at keeping up to date with things and knows that Professor Chris Proudman from Liverpool Vet School has highlighted that changes in diet are highly correlated with an increased risk of colic.

Staying hydrated

She has also been getting me used to tasting orange juice in my water so that I still drink during travelling and at shows. I get a lift to the shows now, I'm happy to accept some compromises because of my age!

Dehydration reduces performance regardless of age. You should take a look at the table below, because it's just as relevant for the owner as it is for the horse.

Often some of the old fogies I see around in the veteran classes won't drink because they don't like the taste of the water at the shows and the stuff they bring with them in plastic containers just tastes of plastic. Don't blame our fussiness on old age, all horses are very susceptible to changes in taste…me I just taste the orange juice.

Figure 1: Result of water loss on the body

Result of water loss on the body Clinics in sports medicine 13, 235-246 (1994)	% bodyweight loss
Normal heat regulation and performance	0%
Thirst is stimulated, performance begins to decline, constipation and bloat	1%
Decrease in heat regulation, worsening performance	2%
Continuing decrease in performance, muscular endurance decreases	3%
20-30% decrease in performance, dizziness occurs	4%
Headache, irritability, nausea, fatigue	5%
Weakness, severe loss of thermoregulation, heart races	6%
Collapse	7%

Anti-oxidants and the fit old horse

Something else the Missus has been reading about is the fact that when we exercise we use more oxygen. When we use oxygen we produce free radicals. Now fit, young and mature horses up-regulate their anti-oxidants to combat the increased levels of free radicals. But I am sad to say that Dr Rachel Neville, Senior Lecturer at Lincoln University who is Dr Anti-oxidants, has shown that old horses that are in work are unable to up-regulate in the same way... thank goodness I get extra anti-oxidants from my bucket feed. That helps minimise cell damage and at our age one needs all the help one can get!!!

Overweight youngsters

No this isn't just a whinge from an older horse about the youth of today.....but can't they take more pride in their appearance.

Nearly all the youngsters I see in the show ring today are overweight.....you know you can't see their ribs, they have lovely apple shaped bottoms and you see the fat wobble over the shoulder and as for the crest; well really it's simply not sexy!.

They really need to understand the importance of a balanced diet. By the time they get to my age they will be insulin resistant, laminitic and obese and be suffering from Equine Metabolic Syndrome, (EMS). When I was young no-one had heard of Cushings; now lots of us oldies get it. Mark my words in 10-15yrs time these youngsters will be suffering from EMS. It is preventable just get them to lose weight.

Mind you the owners can't just starve them. They need vitamins and minerals especially anti-oxidants and omega 3's are good... staves off that arthritis for a little longer. If they are overweight the stress on their limbs, lungs and hearts is far more significant than what a few extra supplements are able to alleviate.

Teresa Hollands Dodson & Horrell,

The longterm effects of fatness on the health and welfare of horses...

Talking of showing and fatness I think Dr T should remind us all of the latest work that was presented at BEVA (British Equine Veterinary Association Annual Congress 2010). It might seem from the quote below, that we are a little behind on our awareness, but of course until recently other illnesses killed humans and horses before the longterm risks of fatness had a chance to have an effect. Indeed really our increasing waistlines can be traced to an increase in ready, high calorie meals and a more sedentary lifestyle... so here's the latest!

Update on the longterm effects of fatness on the health and welfare of horses,(BEVA 2010)

'Sudden death is more common in those that are naturally fat than in the lean', Hippocrates 400BC.

The danger of fatness is neither new nor unique to the showing world; however the showing world is more in the spotlight and often shapes the views of many horse owners. So real is the risk of longterm fatness to the health of horses, that the veterinary profession dedicated a whole session at BEVA to the latest research in the subject; to put it in perspective horses are developing Cushings as young as 6yrs (Dr John Keen, University of Edinburgh); fat horses are 6 times more likely to develop laminitis (L Salonon, RVC).

The health risks of being fat are similar in both horses and humans and are cumulative. Not all the fat is the same; some secretes hormones causing insulin resistance, chronic inflammation and changes to the lining of the blood vessels (endothelium) resulting in blood flow changes causing heart attacks in humans and laminitis in horses. The longer you are fat, the more dangers to health; you get a heart attack because you've been eating too many calories for years, horses get laminitis because they have been eating too many calories from a young age. Children are getting type 2 diabetes because they are born to parents that have been fat and are on an unbalanced diet; similarly ponies can get laminitis at a young age. Fatness is inheritable.

Think of laminitis as the horse equivalent to the human heart attack, the metabolic and biochemical changes are very similar.

Old, fat horses won't get laminitis or EMS because of what they eat today, any more than you and I get a heart attack because we ate a doughnut today. They get the life threatening problems because their metabolism has changed over a period of time due to being fat; in addition they maybe genetically predisposed, they might be stressed (increases cortisol), or they might have long term mechanical damage to their lamellae from carrying around excess weight...

Fact...

The danger of FATNESS is neither new nor unique to the showing world; however the showing world is more IN THE SPOTLIGHT and often shapes the views of many HORSE OWNERS.

Dr John Keen, University of Edinburgh

Read more...

COMING IN THE WINTER EDITION OF EQUINE REVIEW:
PART 2 of 'An Old Codger's Blog'. Read about forage and occupational therapy and the facts about when a horse gets old...

pony pages

Welcome...

TO THE AUTUMN 2010 XLVETS PONY PAGES

winner

Top Tips

...to try to avoid colic in the stabled pony in winter

- Feed little and often, horses have small stomachs and this mimics the horse's natural feeding system
- Feed plenty of forage - free access to hay always makes for a happy pony both outside and within
- Always feed good quality forage - avoid musty, mouldy hay and be especially careful when feeding haylage, to ensure it has been made and stored correctly, and is used within 2-3 days of opening a bale
- Ensure free access to clean fresh water - watch for pipes and buckets freezing up in winter
- Avoid large quantities of feed or water immediately before or after exercise
- Try to avoid turnout on heavily frosted grass
- Feed something succulent every day but ensure carrots/apples are cut up correctly
- Feed chaff/chop or soaked sugar beet with coarse mix to avoid bolting food
- If you need to change your pony's feed or forage type, do it slowly by mixing old with new so their digestive system can get used to the change
- Ponies like routine - don't keep them waiting for their evening meal, they seem to be able to tell the time too!
- Also try to feed all horses/ponies on the yard at the same time so one doesn't feel left out
- Try to avoid bullying over feed by other horses. Feed each separately and if hay has to be fed outside to a group, ensure there are enough haynets for all
- Make sure worming is up to date before horses come in for winter

Competition winners...

CONGRATULATIONS TO...
COMPETITION 3 WINNER
608 Veterinary Group Winner:
Josh Marland Pictured above with his pony 'Party'

CONGRATULATIONS TO...
COMPETITION 4 WINNER
Clyde Veterinary Group Winner:
Stacey Duncan

Fact!

Your pony needs 2% of his body weight daily in dry weight of food. Each day they manage to fit 1/4-1/3 of a bale of hay into a stomach the size of a beachball!

winner

CONGRATULATIONS TO...
COMPETITION 3 WINNER
Paragon Veterinary Group Winner:
Daisy Holder Pictured right

Competition page

ENTER TODAY
GOOD LUCK...

Welcome
XLVets Competition

All of the words listed below can be found in the grid with the exception of one. **Which one is it?** Circle all the words as you find them, there will be one word which isn't in the grid. Write this word on the competition entry form and send it back to us for **YOUR CHANCE TO WIN.**

H	B	C	O	L	I	C	N	R	H
O	L	M	H	A	Y	N	E	T	S
R	R	T	O	O	R	V	S	T	R
S	U	E	O	C	E	E	I	D	E
E	G	K	I	F	Y	R	F	E	P
S	L	C	D	N	R	R	E	N	P
H	P	U	P	U	S	P	R	S	I
O	M	B	P	O	L	L	O	U	L
E	L	A	D	S	E	D	Y	L	C
L	N	O	I	L	L	A	T	S	O

COLIC
REINS
CLYDESDALE
POLO
HORSESHOE
CURRY COMB
STIRRUP
HAYNET
RUG
ROSETTE
BUCKET
CLIPPERS
POLL
STALLION
MUD FEVER

Which one is missing!!!
Fill in your answer below

WIN a V-Bandz Horse & Rider Starter Fluorescent Set. Ideal for the rider who needs an introduction to safety. The one-size set comprises; a rider hatband EN13356, tabard EN1150 size medium/large and a pair of stirrup reflectors. For the horse there is a tail guard and a noseband.

WIN!

Answer to Spring 2010 competition: Shetland

A winner will be chosen from all the correct entries received before the closing date, **Tuesday 30th November 2010.** Winners will be revealed in the next issue of Equine Review. The editor's decision is final, no correspondence will be entered into.

MISSING WORD _____

Send your completed entry to: Equine Review Competition No.5
XLVets, Carlisle House, Townhead Road, Dalston, Carlisle, CA5 7JF

Name _____

Address _____

_____

Postcode _____

Daytime Telephone Number _____

Email _____

XLVets Practice Name _____

☐ I do not wish to receive further information from XLVets

☐ I would like to receive further information from XLVets by e-mail

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www.xlvets.co.uk