

# An overview of what participating in the trial involves for owners

You will be sent an enrolment pack, including an information booklet containing all the details of the trial. Within the pack will be enrolment forms for you to fill in about each of your horse/ponies.

Once we have received your completed enrolment forms, we will contact you to fill in baseline questionnaires – one about the premises where you keep your horse and one about your horse(s).

Three vaccines or placebo injections are initially administered at 3 week intervals. These are combined with a veterinary health check and a blood sample is taken on the first visit.

After each injection we ask you to complete a simple post-treatment observation form.

There is a fourth veterinary visit 2 weeks after the third vaccine or placebo injection is administered. There is also another veterinary health check and blood sample. After this visit, you will receive the results of the tapeworm blood test.

We will contact you at regular intervals throughout the trial (roughly once every 2-3 months) to complete short telephone questionnaires about your horse(s) management and health. We also ask that you record any routine healthcare your horse receives while on the trial such as worming.

One year after the third vaccine/placebo is administered, a booster injection is given along with a veterinary health check and another blood sample is taken.

We ask you to complete another post-treatment observation form and again you will receive the tapeworm blood test results.

Two weeks after the booster injection one further veterinary visit is required where a final health check and blood sample are carried out.

Once the trial is complete we will contact you with the results.

**Equine Grass Sickness Vaccine Trial Horse Enrolment Form**

Office use only:  Yes  No

Thank you for your interest in participating in the Equine Grass Sickness vaccination field trial. Please complete the following information about you and your horse(s) who are going to be in the trial. To help you complete the form, please refer to the information booklet that you will be sent in the trial. Please complete the form in the following order: 1. Owner contact details, 2. Horse/pony details, 3. Post-treatment observation form, 4. Horse follow-up questionnaire.

Please complete the form in BLOCK or BLOCK CAPITALS.

Please ensure you are registered to the Veterinary Practice, unless you are directed otherwise.

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**Owner contact details**

Please confirm the following details are correct. If not please complete the details in the boxes provided below.

Owner name:

Address:

Postcode:

Phone:

Mobile:

Yes  No

**Horse/pony details**

Please provide the following information about the horse/pony you intend to enter.

Horse/pony name:

Registration number:

Is the horse/pony registered? Yes  No

Date of birth:

Sex:  Male  Female

Other (please specify below):

**Vet practice details**

Please provide the contact details for the vet practice where your horse/pony is registered.

Vet practice name:

Address:

Postcode:

Telephone number:



**Equine Grass Sickness Vaccine Trial Post-treatment Observation Recording Form**

Owner name:

Horse name:

Date of observation:

Observation date:

Observation time:

Observation location:

Observation by:

Observation notes:

**Observation form grid for week 1**

Observation	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Behaviour Score							
Behaviour Score							
Injection Site - Heat							
Injection Site - Pain							
Injection Site - Swelling							
Other (please specify below)							

**Observation form grid for week 2**

Observation	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Behaviour Score							
Behaviour Score							
Injection Site - Heat							
Injection Site - Pain							
Injection Site - Swelling							
Other (please specify below)							



**Equine Grass Sickness Vaccine Trial Horse Follow-up Questionnaire**

Date of questionnaire:

Owner name:

Horse name:

Phone:

Follow-up number:

**1. Owner contact details**

Do you have any changes to your contact details? Yes  No

Yes (if you please specify your new address):

**2. How is your horse/pony?**

2.1 Do you have any problems or signs of disease since the last questionnaire? Yes  No

2.2 If yes, please provide details of the new problem:

2.3 If no, please provide details of the new problem:

2.4 If you have any problems that are health problems or signs of disease since the last questionnaire? Yes  No

2.5 If yes, please provide details:

2.6 If no, please provide details of the new problem:

2.7 If you have any problems that are health problems or signs of disease since the last questionnaire? Yes  No

2.8 If yes, please provide details:

2.9 If no, please provide details of the new problem:

2.10 What was the purpose of this/these visit(s)?

