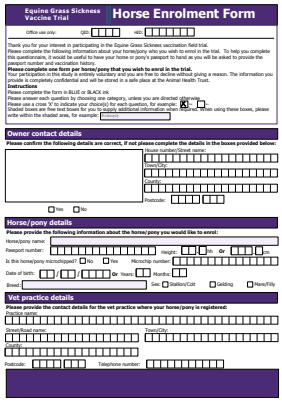
An overview of what participating in the trial involves for owners

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.


Equine Grass Sickness Vaccine Trial

Horse Enrolment Form

Office use only: QID: HID:

Thank you for your interest in participating in the Equine Grass Sickness vaccination field trial.
Please complete one form per horse/pony that you wish to enrol in the trial. To help you complete this questionnaire, it would be useful to have your horse/pony's passport to hand as you will be asked to provide the passport number and vaccination history.
Please complete one form per horse/pony that you wish to enrol in the trial.
Your participation in this study is entirely voluntary and you are free to decline without giving a reason. The information you provide is completely confidential and will be stored in a safe place at the Animal Health Trust.
Instructions:
Please complete the form in BLUE or BLACK ink
Please answer each question by choosing one category, unless you are directed otherwise.
Please use a cross 'X' to indicate your choice(s) for each question, for example: A ☒ B ☐
Shaded boxes are free text boxes for you to supply additional information where indicated or when using these boxes, please write within the shaded area, for example: Example

Owner contact details

Please confirm the following details are correct, if not please complete the details in the boxes provided below:

House number/Street name:
Town/City:
County:
Postcode:
☐ Yes ☐ No

Horse/pony details

Please provide the following information about the horse/pony you would like to enrol:

Horse/pony name:
Passport number: Height: hh Or cm
Is this horse/pony microchipped? ☐ No ☐ Yes Microchip number:
Date of birth: / / Or Years: Months:
Breed: Sex: ☐ Stallion/Colt ☐ Gelding ☐ Mare/Filly

Vet practice details

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

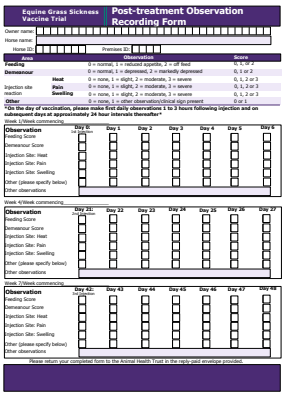
Practice name:
Street/Road name: Town/City:
County:
Postcode: Telephone number:

Please return your completed form to the Animal Health Trust in the reply-paid envelope provided.

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.


Equine Grass Sickness Vaccine Trial

Post-treatment Observation Recording Form

Owner name:
Horse name:
Horse ID: Premises ID:

Area		Observation	Score
Feeding		0 = normal, 1 = reduced appetite, 2 = off feed	0, 1, or 2
Demeanour		0 = normal, 1 = depressed, 2 = markedly depressed	0, 1 or 2
Injection site reaction	Heat	0 = none, 1 = slight, 2 = moderate, 3 = severe	0, 1, 2 or 3
	Pain	0 = none, 1 = slight, 2 = moderate, 3 = severe	0, 1, 2 or 3
	Swelling	0 = none, 1 = slight, 2 = moderate, 3 = severe	0, 1, 2 or 3
Other		0 = none, 1 = other observation/clinical sign present	0 or 1

On the day of vaccination, please make first daily observations 1 to 3 hours following injection and on subsequent days at approximately 24 hour intervals thereafter*

Week 1/Week commencing:

Observation	Day 0 (Vaccination)	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Feeding Score							
Demeanour Score							
Injection Site: Heat							
Injection Site: Pain							
Injection Site: Swelling							
Other (please specify below)							
Other observations							

Week 4/Week commencing:

Observation	Day 21 (Vaccination)	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27
Feeding Score							
Demeanour Score							
Injection Site: Heat							
Injection Site: Pain							
Injection Site: Swelling							
Other (please specify below)							
Other observations							

Week 7/Week commencing:

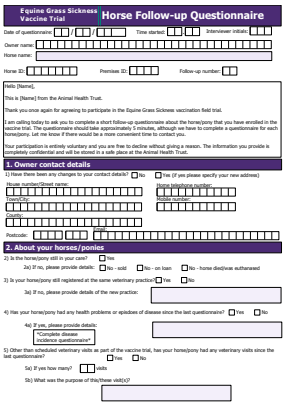
Observation	Day 42 (Vaccination)	Day 43	Day 44	Day 45	Day 46	Day 47	Day 48
Feeding Score							
Demeanour Score							
Injection Site: Heat							
Injection Site: Pain							
Injection Site: Swelling							
Other (please specify below)							
Other observations							

Please return your completed form to the Animal Health Trust in the reply-paid envelope provided.

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.


Equine Grass Sickness Vaccine Trial

Horse Follow-up Questionnaire

Date of questionnaire: / / Time started: Interviewer initials:
Owner name:
Horse name:
Horse ID: Premises ID: Follow-up number:

Hello [Name],
This is [Name] from the Animal Health Trust.
Thank you once again for agreeing to participate in the Equine Grass Sickness vaccination field trial.
I am calling today to ask you to complete a short follow-up questionnaire about the horse/pony that you have enrolled in the vaccine trial. The questionnaire should take approximately 5 minutes, although we have to complete a questionnaire for each horse/pony. Let me know if there would be a more convenient time to contact you.
Your participation is entirely voluntary and you are free to decline without giving a reason. The information you provide is completely confidential and will be stored in a safe place at the Animal Health Trust.

1. Owner contact details

1) Have there been any changes to your contact details? ☐ No ☐ Yes (if yes please specify your new address)
House number/Street name: Work telephone number:
Town/City: Mobile number:
County:
Postcode: Email:

2. About your horses/ponies

2) Is the horse/pony still in your care? ☐ Yes
2a) If no, please provide details: ☐ No - sold ☐ No - on loan ☐ No - horse died/was euthanased
3) Is your horse/pony still registered at the same veterinary practice? ☐ Yes ☐ No
3a) If no, please provide details of the new practice:
4) Has your horse/pony had any health problems or episodes of disease since the last questionnaire? ☐ Yes ☐ No
4a) If yes, please provide details: *Complete disease incidence questionnaire*
5) Other than scheduled veterinary visits as part of the vaccine trial, has your horse/pony had any veterinary visits since the last questionnaire? ☐ Yes ☐ No
5a) If yes how many? visits
5b) What was the purpose of this/these visit(s)?

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.