

Horse deworming schedule

Vets now recommend diagnostic-led parasite control programs for horses in order to prevent the effects of worms whilst minimising the development of resistance. You can use the annual calendar below to check which worms to test for and treat at each time of year, and the recommended treatment for each type of worm. Speak to your vet or prescriber to discuss the most appropriate treatment for your horse.



SPRING			SUMMER			AUTUMN			WINTER		
March	April	May	June	July	August	September	October	November	December	January	February
March – November: Focus on redworms[‡]. FEC* every 8 weeks HIGH RISK or 12 weeks LOW RISK . Treat if high FEC with pyrantel or ivermectin .											
Spring: Focus on tapeworms. Tapeworm test: HIGH RISK horses. Treat if positive with praziquantel .						Autumn/Winter: Focus on encysted redworms[‡] in high risk horses. HIGH RISK Consider moxidectin or 5 day fenbendazole . LOW RISK Disease rare, deworming likely unnecessary. If not dewormed all year, consider strategic treatment with ivermectin to manage large strongyles, bots, etc.					
Autumn: Focus on tapeworms. Tapeworm test: All horses. Treat if positive with praziquantel .											
HIGH RISK Foals: Treat for roundworms [†] (Ascarids) at 2-3 months. Test/treat for roundworms [†] & redworms [‡] at 4-5 months and 7-8 months. HIGH RISK Yearlings: Test/treat for roundworms [†] & redworms [‡] every 8 weeks. Treat roundworms [†] with fenbendazole or pyrantel ; treat redworms [‡] with ivermectin or pyrantel .											
All year: implement management practices to minimise worm burdens. i.e. poo pick twice weekly, test/treat/quarantine new horses, minimise stocking density, co-graze with ruminants, keep dung heap away from pasture, rest/rotate paddocks.											

Assessing a horse's parasite risk profile

Risk Factors	Age	Stocking density	Pasture management	Grazing group	Poo picking routine	FEC results	Herd stability	New arrival quarantine	Clinical/medical history
HIGH RISK	Young (<6 years) Elderly (>20 years) may have an increased risk	High stocking density (<1 acre/horse)	Poor pasture management	Grazing with youngstock	Infrequent or no poo picking	Repeated high faecal egg counts & tapeworm antibody results	Frequent movements in & out of herd	No quarantine procedure	History of worm-related disease, colic or resistance to dewormers Co-existing disease such as Cushing's
LOW RISK	Adult (6-20 years)	Low stocking density (>2 acres/horse)	Good pasture management	Not grazing with youngstock	Regular poo picking (at least twice a week)	Repeated low faecal egg counts & tapeworm antibody results	Closed herd (minimal new arrivals)	Quarantine procedure in place	No history of worm-related disease, colic or resistance to dewormers

References:

- CANTER Guidelines (First Edition). 2024, <http://canterforhorses.org.uk/guidelines>
- Rendle et al (2024) BEVA primary care clinical guidelines: Equine parasite control. EVJ 1-32
- BEVA ProtectMeToo Toolkit. www.beva.org.uk/Resources/Medicines/Anthelmintic-Toolkit

FEC Faecal worm egg count, FECRT Faecal egg count reduction test. Deworming treatment should be guided by a risk assessment and the results of testing, and adapted to individual circumstances. Treatment efficacy should be confirmed annually with a FECRT ("drench test") 2 weeks after deworming. A number of active ingredients are available, these recommendations are a guide based on expert guidelines and common resistance patterns.^{1,2,3}

‡ Redworm resistance: fenbendazole (very common), pyrantel (common), ivermectin/moxidectin (emerging).

† Roundworm (Ascarid) resistance: ivermectin/moxidectin (common), fenbendazole/pyrantel (increasing).

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TEST and treat if necessary
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