NURSING A CHRONIC GRASS SICKNESS CASE

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The Equine Grass Sickness Fund helps fund a grass sickness nurse at The Royal (Dick) Vet School of Veterinary Studies. Here EGS nurse Douglas Callaghan gives us some advice on nursing a chronic case.

Nursing your own horse suffering from equine grass sickness (EGS), is undoubtedly one of the most difficult experiences as an owner. Not only is a great deal of time and patience required but it quickly becomes an emotional roller coaster. No two days are the same, often cases show improvement after improvement for a few days, before appearing to relapse for a day or so. For this reason it is important for owners to keep a diary of events. This allows owners to look back and see whether any improvement has been made from the previous week. In the initial period it may appear there is only deterioration and no improvement. However, gradually, they deteriorate less and become more stable before slowly starting to improve over the coming weeks.

Feeding

In the early days the ‘usual’ feeding rules definitely do not apply. Tempting the patient to eat is paramount whether it be with apple sauce or salt & vinegar crisps!

We first have to establish how well the horse can swallow and whether they are able to manage forage (hay, haylage and grass). In some instances even chaff is too much for them. These cases are started on mixes or soaked cubes, made into porridge-like consistency. Soaked grass pellets can be useful for increasing fibre intake in these cases.

Syringing food should be avoided or if deemed necessary undertaken with extreme caution. Complications of syringe feeding can often be fatal. Many horses are unable to swallow and much of what is syringed in inadvertently ends up in the animal’s lungs, causing pneumonia which is often fatal.

Having established what consistency of feed the horse can cope with we then begin trying different feeds to see which one/which combination they prefer. In the beginning they may only eat a few mouthfuls before losing interest. Whilst it is important to tempt them to eat, it is also important that they are not over faced and are given time to rest. Ideally feed should be offered every two hours during the day until midnight, after this the horse should be allowed to rest for a good few hours.

Once they are able to swallow drier mixes/cubes we then introduce a little chaff, slowly building up to hay or haylage. In many cases it is often several weeks down the line before we consider offering hay or haylage. We will give them grass/turnd-out long before this, as grass is much easier for them to prehend and swallow.

When a more normal appetite has developed then the horse can be regarded as an underweight animal and feeding can be adjusted to address this. EGS patients do not gain weight at the same rate as ‘normal’ underweight horses. We believe this to be due to them having a higher nutritional demand; probably because their bodies spend some time in a catabolic state (they use their muscles for energy).

Companions and stimulus

EGS patients often become reclusive and lose interest in their surroundings. Therefore providing companions and a stimulating environment can often be beneficial.

A companion who will share a feed bucket or hay net with the patient is ideal. It allows the EGS horse to observe normal horse behaviour and encourage them to eat. A human psychiatric consultant would describe an EGS patient’s mental state as being that of a severely depressed anorexic, if they were a human.

Many owners nursing cases at home have found that their cases have benefited from being in a busier part of the yard where there are things for them to watch. One riding school had even made a small pen in the corner of the school so their horse could keep an eye on lessons!

Please email Douglas if you need advice on nursing a chronic case: douglas.callaghan@ed.ac.uk

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Turnout
Some patients really benefit from being turned out for periods of time, especially if there is good quality grass for them to eat. However it is vitally important to remember that these are very sick and weak animals. Walking them long distances to get to a field, turning out with boisterous companions or adverse weather conditions (rain, wind or hot mid-day sun) must all be avoided. A small field, close to the yard with a docile companion is ideal.

There is little advantage, and often detriment, if the horse has to walk a long distance to the field, this burns precious calories and energy which are often in short supply in the early days. An alternative would be hand cutting grass and allowing the patient to wander round the yard for short periods of time.

Rugs
Patchy sweating is often one of the clinical signs of EGS, however, it is not caused by the horse being too warm. Therefore it is important to keep patients sufficiently rugged often with a combination of sweat rugs and stable rugs. Due to sweating rugs will require frequent changing and washing; horses will also benefit from regular bathing.

Frequent grooming is essential as otherwise they will developed matted coats and sores. Clipping may be of benefit in some cases.

Complications
It is not uncommon for EGS cases to develop complications along the road to recovery. These can vary from a slight nasal discharge to fatal aspiration pneumonia.

<table>
<thead>
<tr>
<th>Clinical sign</th>
<th>Condition</th>
<th>Cause</th>
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<tr>
<td>Snotty nose</td>
<td>Sinusitis</td>
<td>Develops secondary to rhinitis</td>
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<tr>
<td>Colic</td>
<td>Gastric ulcers</td>
<td>Reduced feed intake</td>
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<td></td>
<td>Spasmodic colic</td>
<td>Generalised intestinal motility issue assoicated with condition</td>
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<td>Impaction</td>
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<td>Pyrexia</td>
<td>Pneumonia</td>
<td>Inhaling into lungs due to inability to swallow Reduced immune system</td>
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<td>(increased temperature)</td>
<td>Generalised infection</td>
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<tr>
<td>Frequent urination</td>
<td>Cystitis/ bladder infection</td>
<td>Generalised weakness, neuromuscular weakness</td>
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<td>Collapse/ unable to get up</td>
<td>Generalised weakness</td>
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Regular checking (twice or three times daily) of the patients heart rate, respiration rate and temperature is essential to ensure any changes are detected. EGS horses often have much higher heart rates (up to 70 beats per minute) than normal horses. You must ascertain what is ‘normal’ for your EGS patient.

Euthanasia
Unfortunately due to the nature of the disease it is not uncommon for some cases to be euthanased. The main reasons are often because of repeated bouts of unmanageable colic or horses who have no appetite/ are showing no improvement. It is obviously a very difficult decision to make and often there never appears to be a ‘right’ time. However, within the veterinary profession, euthanasia is often seen as the last act of kindness for the animal involved.

As a general rule, when we are nursing EGS cases in our hospital, we go by “if they are willing to try, we are willing to try”. By this we mean if the horse has an interest in their surroundings, even for brief periods, and shows some interest in food occasionally then we will continue to nurse them.

However, if they show no interest and have no appetite for consequential days without any real improvement then we will often consider, following consultation with the owner, euthanasia.

Candyfloss Walks all over Grass Sickness

Back in Winter 2013 Candyfloss and her owner Leanne McDonald first appeared in Equine News. As the sole survivor of a group of five horses whose owners connected via Facebook, Leanne realised how lucky Candy had been and vowed to do everything she could to raise awareness of the disease and funds for grass sickness research.

Following on from the Fabulous Fives rides which took place last year, raising over £7000, Leanne has a new and ambitious project in mind – to walk from Spey Bay in Moray to EGSF near Edinburgh – a journey of over 257 miles! Leanne and Candy will be walking side by side along old drove roads and military roads and wild camping along the way. They hope to reach Edinburgh in time to lead the Survivors’ Parade at the Royal Highland Show on June 21st, but they will take their time, just 10 or so miles a day and enjoy their journey.

Leanne writes: ‘Candy and I want to do something to remember our four friends, Beri, Poppy, Zag and Chyna, and honour them properly. We want the UK to hear the Grass Sickness story, to raise awareness and monies for the Equine Grass Sickness Fund.

We want to kick the butt out of EGS for her four pals!

Candy and Leanne will depart Spey Bay on May 23rd 2015 and expect their journey to take around four weeks. You can support this massive endeavour by sponsoring their walk or making a donation. All the links to make a donation or follow their progress can be found at Candy and Leanne’s page on our home page at www.grasssickness.org.uk. You can also help Leanne ‘Kick Grass Sickness Butt’ by buying her car sticker priced £2 from our online shop.
A new research project funded by EGSF seeks to assess the value of ganglion cytology for the rapid post mortem diagnosis of equine grass sickness;

Prof. Elspeth Milne, Chiara Piccinelli, Rachel Jago, Royal (Dick) School of Veterinary Studies, University of Edinburgh, Easter Bush, Roslin, Midlothian, EH25 9RG.

Currently, the definitive diagnosis of equine grass sickness (EGS) can only be achieved by microscopic examination of cut tissue sections (histology) of the clusters of nerve cells (ganglia) from the parts of nervous system which control unconscious bodily functions (cranial cervical ganglia or ileum enteric plexus). Histology samples take at least three days to process, but rapid diagnosis is essential, even in fatal cases, so that management changes can be instituted to minimise the risk to in-contact horses. Our study focuses on the evaluation of the possibility for rapid diagnosis of EGS by scraping nerve cells onto slides (cytology).

The aim is to obtain cytology slides by scraping the cut surface of cranial cervical ganglia, using the remainder of the ganglion for routine histological examination which is regarded as the “gold standard” method. Samples are being collected from control horses and from horses affected by acute/subacute EGS that are submitted to the Post Mortem Facility at Easter Bush Pathology. The slides are stained with three different, readily available stains (MGG, H&E, CFV) and a comparison between control and EGS-affected horses will be performed.

The preliminary results from the samples obtained so far (23 controls and 3 acute/subacute EGS) are very promising: there appears to be a clear difference in microscopic appearance between control and EGS samples with all the stains used (see Figure 1). These stains are quick and readily available in most veterinary laboratories (particularly, MGG which is a routine cytological stain). DiffQuik®, a fast stain similar to MGG but widely utilised by veterinarians in practice gives similar results. Some of the control samples were collected up to 2.5 days after death, to evaluate the possible effect of post-mortem deterioration on the appearance of nerve cells, but they were still well preserved in the cytology slides after that time.

We also evaluated samples from sites with the potential to be used for ante mortem diagnosis (tongue ganglia and ileum enteric plexus), but unfortunately the number of nerve cells was too small for consistent results.

In conclusion, the preliminary results are positive and support the hypothesis that cranial cervical ganglion scrapings are likely to offer a reliable and very rapid post mortem diagnostic method for EGS. Potentially, using very fast stains such as DiffQuik® the diagnosis could be achieved almost immediately after death using means widely available in veterinary practice. Also, a delay of up to almost three days in the collection of samples post mortem does not appear to hamper a cytological diagnosis. The results are not yet definitive, however: all control samples have been collected and examined, but in 2015 work will concentrate on increasing the numbers of EGS cases.

The authors would like to thank the EGSF for their generous support of this study and the owners who kindly agree to their horses being used for sample collection after death.

**Figure 1: Cranial cervical ganglia cytology in control and grass sickness cases - preliminary results.**

(A) MGG, control case
Three normal neurons are present; note the abundant blue granules and the large, round, pale purple nucleus.

(B) MGG, grass sickness
Two degenerate neurons are shown: they are swollen, no blue granulation is seen and the nuclei are dark purple and dense.

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Ellie’s parachute jump!

Following the loss of four horses to grass sickness at her yard last year, and the subsequent enrolment of all the other horses on the yard onto the vaccine trial, schoolgirl Ellie Hamilton of Aviemore has been inspired to raise money for grass sickness research. In July – as soon as she is old enough - she will jump from over 3500’!

To support Ellie in this very brave endeavour please visit her Just Giving page at [www.justgiving.com/EllieHamiltonParachuteJump](http://www.justgiving.com/EllieHamiltonParachuteJump)
The first thing you are going to need is lots of patience! A horse diagnosed with chronic grass sickness can take several months, if not a year, to regain most of his normal appetite. In addition he will appear to be very fussy, one day liking his feed soaked, another day preferring it dry and crunchy. Just to really test you he will also change his mind about what he likes on a regular basis, everything from mixes, cubes, beet pulp, carrots and grass chops becoming flavour of the day or not.

The good news is that, if your horse/pony still has the desire to try to eat, there is a good chance of success, if you define success as having a horse with a good bodyweight and a fairly normal appetite a year after being diagnosed with grass sickness. Certainly we are pleased to have helped the recovery of horses owned by people who have contacted the TopSpec helpline for advice.

When we first hear from an owner their horse has usually lost a huge amount of weight and has great difficulty eating as well as a disturbed appetite. Because this means that their horse is weak and needs constant nursing care, the horse is often kept in a stable, perhaps with some turnout if they are strong enough. However one of the best and most tempting feeds for a horse suffering from chronic grass sickness is grass, so until he is safe to graze in-hand be prepared to cut as much grass as he will eat with e.g. hedge trimmers, and provide it freshly-cut, in large wide trugs on the stable floor.

Horses evolved to graze for about sixteen hours a day and their digestive systems are therefore suited to ‘little and often’ feeding of forage. The best feeding programmes are based on this principle and maximizing forage intake, whilst minimizing size and starch content of hard feeds. Most horses should be fed as much forage as they wish to eat i.e. ad-lib; the problem with horses suffering from chronic grass sickness is that they often don’t want to eat forage, or more frustratingly want to but cannot, because of the difficulty in swallowing due to damage to their nervous system.

The damage to their nervous system is widespread and can have long-term consequences but in this article we will concentrate on how we can gently overcome the damage to the digestive system. In ideal circumstances a consistent supply of fibre to the hind gut helps to keep the population of cellulolytic (fibre-digesting) bacteria dominant and thus the acidity (pH) of the hindgut remains close to neutral. But when horses suffering from chronic grass sickness cannot eat much long fibre the food source for the beneficial, fibre-digesting bacteria in the hindgut is drastically reduced leading to a microbial imbalance. If that horse then eats cereals or high-starch (cereal-based) compound feeds, the sugar and starch-digesting bacteria in the hindgut are stimulated by the increased feed supply, further upsetting the microbial balance. This in turn affects the acidity of the hindgut and the digestive efficiency of the hindgut is greatly reduced. It is not uncommon for a horse with chronic grass sickness to have diarrhoea if he does not have enough fibre in his diet.

Obviously a thin, weak horse needs his hindgut to be working as efficiently as possible so it is important to try and stimulate the fibre-digesting bacteria with a supply of fibre, if needs be in a pre-ground form, at least in the short term.

Because the horse needs to gain condition it is best to source a supply of fibre cubes that contain no straw and have good quality ingredients including a little protein.
There are some straights e.g. alfalfa pellets/grass cubes, and at least one blend (a mixture of straights balanced for the major minerals calcium, sodium and magnesium) available that will serve this purpose well. They can be fed anywhere from slightly damped to a very wet gruel depending on the horse’s preference that day.

Always keep a fresh net of haylage or hay in front of your horse but do not be surprised if he cannot handle it for a few weeks.

Having established the best supply of fibre you can from grass or a selection of the products mentioned your thoughts should turn to vitamins and minerals as these are essential for your horse to both repair and maintain himself. The most palatable and suitable supply of these would be in a high protein feed balancer, ensuring that just a small volume of feed smacks a really strong nutritional punch. Once again they can be fed anywhere from slightly damped to a wet gruel but do not wet them until half an hour before they are going to be fed, this will avoid losing some nutritional value. Because a top specification feed balancer will reduce the requirement for hard feed your horse will be better able to gain condition despite his reduced appetite.

But what about the early days when your poor horse is just standing there, head hanging unable to eat. Is there anything you can do? Nutritionists at TopSpec spent several years researching a feed additive that stimulates appetite and aids the digestive system. It includes vitamin B12, pure, protected yeast, mannan oligosaccharides, grass and mint. The additive is in powder form and in the early days could be offered mixed with yogurt and syringed into your horse’s mouth. *Please note: great care needs to be taken doing this to avoid aspiration, consult your vet before attempting to use a syringe.* The ingredients in it will stimulate appetite and great success has been had with our customers using this method. The damp powder is also mixed with every type of feed offered so that the strong smell of grass and mint becomes associated with feed. Gradually (within a week) it is usually possible to stop syringing the additive in as the horse nibbles away gently at his bucket.

The key thought to bear in mind is to let your horse eat anything in the early days but to ensure you only offer small amounts of high starch feeds like flaked maize, and offer larger amounts of high fibre feeds in order to keep his hindgut healthy. A healthy hindgut is the key to a good appetite.

As his appetite returns you should increase the protein content of his hard feeds to enable him to regain lost muscle.

Nicola Tyler B.Sc. (Hons), Nutrition Director, TopSpec Equine Limited.

Editor’s note: Nicola can be contacted on the TopSpec free Multiple-Award-Winning Helpline 01845-565030

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**Struggles with Grass Sickness**

Caroline Colwill from Ipswich lost two horses to grass sickness in recent years, and was inspired by the loss to help raise funds for grass sickness research. Together with her family and owners at their yard they held an annual show, sold off books and rugs and collected donations in their tin amounting to a fabulous £500. Here Caroline tells us about her struggles with grass sickness:

As I walked towards William, our beautiful piebald gelding, I was planning the day’s hack. He saw me coming and for the first time he didn’t look delighted to see me. I noticed a strange smell as I caught him, but other than that he looked well, just a little off colour. I was taking no chances; he was a very special horse. The vet was called and we waited, almost unconcerned. Noting prepared me for the diagnosis. I had read about grass sickness but was only aware of the chronic symptoms. We rushed him to Newmarket as I had to know for sure. Sadly it was confirmed as acute EGS and the very next morning, just like that, he was gone.

Three years later my lovely (and only) home bred filly started to act slightly strange around dinner time, rolling and displaying colicky symptoms. It struck me that this could be EGS but I put it to the back of my mind, surely I couldn’t be that unlucky? I had tried for years to get her mum, Zoe, who I had owned since I was 15 into foal, and also owning her Dad, Charlie, we had the whole happy family.

The vets were baffled at first and four days later I took her in to be monitored. It was still very up and down for days but as the list of symptoms increased we knew. The vets recommended that we put her to sleep, but I wanted to fight. We never had that opportunity with William and I wanted to give her every chance. It was torture to watch her struggle. The weight fell off her and every day I was adjusting her rugs and soon I was putting smaller sizes on her. Feeding her was such a battle. At first she was so strong and she fought me every step, every 3 hours day and night I battled to keep her alive but she just could not eat. As tears streamed down our faces my husband helped me to try to get her to eat, we tried every food to tempt her, you name it we tried it. After seven weeks we decided to move her home from the yard to live with us. She loved it and our children were feeding her titbits 24/7. Things were finally looking up and she would eat small handfuls of feed at a time. We stopped using her nebuliser for her rhinitis and the vets became hopeful. I was even measuring her to see if she was gaining any weight.

One Sunday morning I awoke to a bang in her stable and I just knew it was bad news. The day before she had done so well, happily grazing for around 20 minutes at a time. I rushed down and she was lying cast facing the back of her stable. She lost mobility over the next hour as we waited for the vet but I knew it was over. She’d been through hell and all for nothing. I blamed myself that I’d put her through it, but I had to try. If she fought, I fought. Would I do it again? Yes I would, some survive and we had to hold on to that. It kills us as good caring owners to watch our beautiful horses succumb to this evil disease with no way of preventing or curing it. I had so much help and I want to thank all the people who supported me, especially my family at home, and Joyce at EGSF was always at the end of the phone for advice. Please keep fundraising, if we all work together we will find an answer and put a stop to all this suffering.
Fundraising Roundup

To see your event featured here please email info@grasssickness.co.uk with details and a photo!

Ballivicar Farm Festive Ride, Isle of Islay
Ballivicar Farm held a sponsored fancy dress ride on Christmas Eve in aid of the Equine Grass Sickness Fund. The charity was selected in memory of Bobby who suffered from the disease in 2014. Although it was a bit cold and breezy a total of 19 ponies took part, parading through the nearby village of Port Ellen. There were lots of festive themed costumes and lots of tinsel on show as we enjoyed some hot chocolate and sang round the village Christmas tree. Everyone had a great time and we managed to raise £1114.53 in the process. Many thanks to everyone who helped out on the day, sponsored us or put money into our donations tins, it was much appreciated.

Help 4 Horses Online Showing
Pamela Aitkin is raising money for equine charities by holding online showing classes. Each month there are a variety of classes such as Prettiest Mare, Best Friends and Gentle Giants - all with stunning rosettes and some superb prizes. Each month the best of the photos are judged and the very best wins Champion in Show, with all the champions going forward to a Supreme Championship at the end of the year. In just four shows Help4Horses has raised £1348.74 for grass sickness research and Pamela will now go one to raise further funds for other equine charities. To find out more visit: help4horses.wix.com/help4horses

Clip for a Cure
Rachel Mangto writes: “I don’t know where to start so here goes. We lost three horses to EGS in 2014. Storm and Spencer were Clydesdales owned by my field neighbours and I had Storm on loan. Storm was my horse in a million and he had to be PTS on 29 April with acute EGS aged just 4 years. I had never seen grass sickness before and it broke my heart. Spencer followed in May also with acute EGS. Jasper (9) was my sister’s horse and I had him on loan because my niece was en route. Jasper had chronic EGS, we nursed him for over two weeks but it wasn’t to be and he went to sleep on 27 August. You feel helpless and angry and heartbroken all at the same time. So, I decided that I needed to do something. This is when the fundraising started, it was our way of fighting back. Nothing makes it hurt less but it has helped turn a negative into a positive. So far we have organised a PJ Fun Day, ‘Clip for a Cure’ (where people clipped a triangle onto their ponies to signify the three horses we lost and the three forms of the disease) and ‘Raffle for a Cure’. I am not stopping there. I have a target set for £3,000.00 but would love to go further than that! I have more fundraising ideas in the pipeline and will doing something on the anniversary of each horse. The way I see it the fundraising could save someone else’s best friend so I’ll keep it going for them. One day at a time.

Lochhill Equestrian Centre
Lochhill Equestrian Centre near Castle Douglas recently held a sponsored ride and challenge day raising £250 for grass sickness research. Pictured are the youngsters on the challenge day - they tacked up themselves, jumped for the first time, rode different ponies and a 16.2hh horse and generally pushed themselves to do things out of their comfort zones! The sponsored ride was 2.5 hrs through the beautiful countryside and forest tracks around Lochhill. Thank you to all who took part.
Strathspey Veterinary Centre Raffle
A kind hearted client of Strathspey Veterinary Centre donated a beautiful and valuable bronze horse to raise money for EGS research, raising £536. The twist in the tail is that the lucky winner of the raffle would like ‘Clint’ to go on to raise more money and awareness for EGS research, in memory of Heidi who was lost to grass sickness, so this is not the last you have seen of this beautiful statue! Thank you to both Clint’s original and new owners and also to Strathspey Vets for organising the raffle.

Seaton Red House Competitions
Now in its third year the Seaton Red House Show is going from strength to strength. Held in memory of 4 year old Welsh Cob Bert who was lost to grass sickness, this year the show now incorporates dressage, show jumping, showing, Le Trec, handy horse plus tombolas and stalls, fun and games. To date the show has raised over £3000 and this year they hope to raise even more. This year’s show is on Sunday 9th August in Tyne and Wear.

Highfield at Howe Charity Extravaganza
Highfield at Howe celebrated their launch with a Charity Showing Show on 25th October 2014, raising a superb £1625 for grass sickness research. Congratulations to Overall Inhand Supreme Champion David Russell with Waxwing Raspberry Ripple and Reserve Inhand Supreme Georgie Noonan and Ruby’s Cream and thank you to all who took part.

What’s On 2015
For details please visit www.grasssickness.org.uk
3rd May Black Isle Pleasure Ride, Inverness
17th May Strathearn Eventing Grass Sickness Hunter Trials, Perth
17th May BHS Wiltshire Pleasure Ride, Fonthill Estate
23rd May Candyfloss walks all over Grass Sickness – Spey Bay to Edinburgh Charity Walk begins
24th May Avon Valley Tidy Memorial Show, Co. Durham
7th June Scottish Grass Sickness Show, Blairgowrie
28th June Ballagan Equestrian Grass Sickness Show, Aberdeenshire
17th to 21st June Meet EGSF – Royal Highland Show
21st June EGS Survivors’ Parade, Royal Highland Show
25th July Devilia Forest Sponsored Ride, Fife
26th July BSJA Charity Show, Guernsey
9th August Seaton Red House Competitions, Tyne & Wear
9th to 13th Sept Meet EGSF - Blair FEI European Championships, Perthshire

Please Help!
Jump judges urgently required, 17th May near Perth. No experience necessary, just a nice day out in good company with a lovely packed lunch and endless cups of tea!

Volunteers required for our trade stand at Blair 9th to 13th September. If you can help please call Kate on 0131 445 6257 or email info@grasssickness.org.uk

Horses and ponies needed for vaccine trial
As the high risk season for EGS fast approaches the Animal Health Trust is urging owners to take part in the second year of its ground breaking EGS vaccine trial. If your horse or pony lives on premises where there has been an EGS case in the past three years you are encouraged to get in touch. For more information call Dr Jo Ireland on 01638 555399 or visit www.equinegrasssickness.co.uk
Donations

We gratefully acknowledge support and fundraising donations received from the following:

Alexandra Bruce
Alexandra Lauren
Alison Sangster
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BHS Fife
Boltby Trekking Centre
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Strathspey Veterinary Centre
Strathspey Vets
Sue Todd
Sylvia P Martin
Tammy Gilyeat
The Moredun Foundation
The Royal (Dick) Vet
Tracy Campbell
Viv Dixon
Yvonne McLean
We would also like to thank the many people who rounded up their Christmas orders, raising almost £1500!

THANK YOU! Organising a fundraiser is no mean feat involving a huge number of people who willingly give up their time. We are enormously grateful to everyone who takes part and makes these events possible. Grass sickness is a heartbreaking disease and nearly all our supporters have suffered in this way. The happiness and fun that these fundraisers generate helps shine a positive light onto this disease and the monies raised fund the research that will one day consign grass sickness to history.

To receive Equine News by email please contact the office. Please pass your newsletter to a friend.

For further information please contact
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