



Alpaca/Llama Parasite Evaluation Form

PEC Mail In

Page ___ of ___

Collection Date: _____ Tested: _____
 Name of Farm: _____
 Producer's Name: _____
 Producer's Address: _____
 City _____ Phone _____
 State _____ Zip _____ Fax _____
 E-Mail: _____

Consultant: Dr. Don Bliss Representative: _____
 Sponsor: Dr Sarah Spencer
 Sponsor Contact: _____
 Sponsor Address: 209 Bobbin Mill Rd
 City Warren Phone 802.505.9639
 State VT Zip 5674 Fax _____
 E-Mail: madrivervet@gmail.com

Lab ID No.	Animal ID (Please number sample bags in order listed on form)		Stomach Worm <small>(haemonchus)</small>	Nematodirus	Cooperia	Hookworm	Threadworm	Whipworm	Tapeworm*	E. mac*	Coccidia*	Total Count (EPG)	Treatment Date month/day/year	Product Used
	eg. Name	Bag #											Enter after test results recorded	
		__1												
		__2												
		__3												
		__4												
		__5												
		__6												
		__7												
		__8												
		__9												
		__0												

COMMENTS:
 Additional E-Mail: _____
 Donald H. Bliss, Ph.D.
 MidAmerica Ag. Research
 3705 Sequoia Trail
 Verona, WI 53593
 For additional information and submission forms, visit: www.midamericaagresearch.net

The total egg count is reported here for each sample and the incidence level of specific parasite genera is recorded as low(+), medium(++) or high(+++).
 (+ = 1-10) (++ = 11-50) (+++ =>51)
 *Not reported in total egg count