

Dairy and Beef Cattle Parasite Evaluation Form

PEC Mail In

Page ____ of ____

Collection Date: _____ Tested: _____

Consultant: Dr. Don Bliss Representative: _____

Name of Farm: _____

Sponsor: Dr Sarah Spencer _____

Producer's Name: _____

Sponsor Contact: _____

Producer's Address: _____

Sponsor Address: 209 Bobbin Mill Road _____

City _____ Phone _____

City Warren Phone 802.505.9639

State _____ Zip _____ Fax _____

State VT Zip 5674 Fax _____

E-Mail: _____

E-Mail: madrivervet@gmail.com

Lab ID No.	Animal ID Group/Pen # (Please number bags in order listed if tag ID's are needed) eg Tag # Bag #	Contamination Level*	Stomach Worm	Nematodirus	Cooperia	Hookworm	Threadworm	Whipworm	Nodular Worm	Tapeworm*	Coccidia*	Total Count (EP3G)**	Treatment Date month/day/year	Product Used
													Enter after test results recorded	
		1												
		2												
		3												
		4												
		5												
		6												
		7												
		8												
		9												
		0												
		1												
		2												
		3												
		4												
		5												
		6												
		7												
		8												
		9												
		0												

*1 = pasture, 2 = limited pasture, 3 = dry lot/partial confinement, 4 = total confinement year round

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

Total count x 150 = Eggs per pound