



Equine 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)		Age/Gender *	Contamination **	Strongyles	Roundworm	Threadworm	Tapeworm *	Pinworm	Coccidia *	Total Count (EP3G)***	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											

* 1=Mare, 2= Stallion, 3= Gelding, 4= Yearling, 5= Weanling, 6= Foal, 7= Other

**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(+++). A * indicates larvae present and count may be higher than reported.

*(+ = 1-10) (++ = 11-50) (+++ =>51)

*Not reported in total egg count

Total count x 150 = Eggs per pound