



Small Ruminants & Wildlife 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	Nodular Worm	Tapeworm*	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