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:

Sponsor Contact:

Sponsor Address:

City **Phone**

State **Zip** **Fax**

E-Mail:

Lab ID No.	Animal ID (Please number sample bags in order listed on form) eg. Name Bag #	Stomach Worm (Haemonchus)	Nematodirus	Cooperia	Hookworm	Threadworm	Whipworm	Nodular Worm	Tapeworm*	Coccidia*	Total Count (EPG)	Treatment Date month/day/year	Product Used
												Enter after test results recorded	
	1												
	2												
	3												
	4												
	5												
	6												
	7												
	8												
	9												
	0												

COMMENTS:

Additional E-Mail:

referral:

Alison Cornwall DVM
979 US Route 2
Middlesex, VT 05602
802.505.9639
alisoncornwall@gmail.com

For additional information and submission forms, visit: **www.midamericaagresearch.net**

Donald H. Bliss, Ph.D.
MidAmerica Ag. Research
3705 Sequoia Trail
Verona, WI 53593

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