



Alpaca/Llama Parasite Evaluation Form

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) <i>eg. Name</i>	Bag #	Stomach Worm (Haemonchus)	Nematodirus	Cooperia	Hookworm	Threadworm	Whipworm	Tapeworm*	E. mac*	Coccidia*	Total Count (EPG)	Treatment Date	Product Used
													month/day/year	
		1												
		2												
		3												
		4												
		5												
		6												
		7												
		8												
		9												
		0												

COMMENTS:

Additional E-Mail: **Alison Cornwall DVM**
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Middlesex, VT 05602
802.505.9639
alisoncornwall@gmail.com

Return:

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

For additional information and submission forms, visit: www.midamericagresearch.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

Enter after test results recorded