

Dairy and Beef Cattle Parasite Evaluation Form

Page ____ of ____

PEC Mail In

Collection Date: _____

Tested: _____

Consultant: Dr. Don Bliss

Representative: _____

Name of Farm: _____

Sponsor: _____

Producer's Name: _____

Sponsor Contact: _____

Producer's Address: _____

Sponsor Address: _____

City _____

Phone _____

City _____

Phone _____

State _____

Zip _____

Fax _____

State _____

Zip _____

Fax _____

E-Mail: _____

E-Mail: _____

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	Product Used
													month/day/year	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:

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3705 Sequoia Trail
Verona, WI 53593

referral:

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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

Total count x 150 = Eggs per pound