

FECAL EGG COUNT SUBMISSION FORM

Owner or producer in	formation:							
Name			Pho	one numb	oer			
Address			Email Address					
Sample information:								
Sample ID or number (if multiple individual samples are submitted)						Date collected		
Animal information:							•	
Name, age, and sex	age, and sex			Species				
Number and type of animals in herd								
Life stage	Recently given birth Pregnant				nt fema	ale		Other
	Date:	Due date:			Indicat		ate which:	
Are there visible signs of parasites?	Yes	Yes			□ No			
If yes, check all that apply	☐ Diarrhea				Bottlejaw (soft swelling underneath the lower jaw)		J	Thin, or poor body condition
Date of last deworming			Product us					
Other concerns, ques	stions, or relevant info	rmation	ո:					
	Name Address Sample information: Sample ID or number (if multiple individual state) Animal information: Name, age, and sex Number and type of animals in herd Life stage Are there visible signs of parasites? If yes, check all that apply Date of last deworming	Sample information: Sample ID or number (if multiple individual samples are submitted) Animal information: Name, age, and sex Number and type of animals in herd Life stage Date: Are there visible signs of parasites? If yes, check all that apply Date of last deworming	Name Address Sample information: Sample ID or number (if multiple individual samples are submitted) Animal information: Name, age, and sex Number and type of animals in herd Life stage Are there visible signs of parasites? If yes, check all that apply Date of last deworming	Name Address Em Sample information: Sample ID or number (if multiple individual samples are submitted) Animal information: Name, age, and sex Number and type of animals in herd Recently given birth Due Are there visible signs of parasites? Yes If yes, check all that Diarrhea Anemeyes or gue Date of last	Name Phone number	Name Phone number Address Email Address Sample information: Sample ID or number (if multiple individual samples are submitted) Animal information: Name, age, and sex Sp Number and type of animals in herd Pregnant femalous Life stage Date: Due date: Are there visible signs of parasites? Yes If yes, check all that apply Diarrhea Product used Date of last deworming Product used Product used	Name Phone number	Name Phone number Address Email Address Sample information: Sample ID or number (if multiple individual samples are submitted) Date collected Animal information: Name, age, and sex Species Number and type of animals in herd Pregnant female Oate: Indicated Are there visible signs of parasites? Yes No If yes, check all that apply Diarrhea Anemia (pale eyes or gums) Bottlejaw (soft swelling underneath the lower jaw) Date of last deworming Product used Product used Product used Product use