

Canine and Feline Parasite Evaluation Form

PEC Mail In

Page ___ of ___

Collection Date: _____ Tested: _____
 Name of Owner: _____
 Owner's Address: _____
 City: _____ Phone: _____
 State: _____ Zip: _____ Fax: _____
 E-Mail: _____

Consultant: Dr. Don Bliss
 Veterinarian: _____
 Veterinarian's Address: _____
 City: _____ Phone: _____
 State: _____ Zip: _____ Fax: _____
 Veterinarian's E-Mail: _____

Lab ID No.	Animal Name <small>(Please number sample bags in order listed on form)</small>	Circle One		Whipworm	Roundworms		Hookworms		Tapeworms		Other	Total Count* (EPG)	Treatment Date <small>month/day/year</small>	Product Used
		Dog or Cat			Toxocara	Toxascaris	Ancylostome	Uncinaria	Dipylidium	Taenia spp.				
		eg. Name	Bag #	Enter after test results recorded										

COMMENTS:

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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