



Equine Parasite Evaluation Form

PEC Mail In

Page ___ of ___

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 (Please number sample bags in order listed on form)		Age/Gender *	Contamination**	Strongyles	Roundworm	Threadworm	Tapeworm*	Pinworm	Coccidia*	Total Count (EP3G)**	Treatment Date	Product Used
	eg. Name	Bag #										month/day/year	
		__1										Enter after test results recorded	
		__2											
		__3											
		__4											
		__5											
		__6											
		__7											
		__8											
		__9											
		__0											

* 1=Mare, 2= Stallion, 3= Gelding, 4= Yearling, 5= Weanling, 6= Foal, 7= Other

**1 = pasture, 2 = limited pasture, 3 = dry lot/partial confinement, 4 = total confinement year round

COMMENTS:

Additional E-Mail: _____

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

Total count x 150 = Eggs per pound