

FECAL EGG COUNT SUBMISSION FORM

1. Owner or producer information:

Name		Phone number	
Address		Email Address	

2. Sample information:

Sample ID or number (if multiple individual samples are submitted)		Date collected	
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3. Animal information:

Name, age, and sex			Species	
Number and type of animals in herd				
Life stage	<input type="checkbox"/> Recently given birth Date:	<input type="checkbox"/> Pregnant female Due date:	<input type="checkbox"/> Other Indicate which:	
Are there visible signs of parasites?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, check all that apply	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Anemia (pale eyes or gums)	<input type="checkbox"/> Bottlejaw (soft swelling underneath the lower jaw)	<input type="checkbox"/> Thin, or poor body condition
Date of last deworming			Product used	

4. Other concerns, questions, or relevant information:
