

18 PA 987



PARASITE EGG COUNT - SUBMISSION FORM



#6-320 W.T. Hill Blvd. S., Lethbridge (AB) T1J 4W9
Phone: 403-328-1844 / Fax: 403-328-1798
Email: bhandsaeme@biochecklabs.com

16750 Trans Canada Hwy., Kirkland (QC) H9H 4M7
Toll Free: 1-866-683-7838 / Fax: 1-888-498-4444
Email: vet.customer.service.kirkland@merck.com

Samples accompanied with incomplete or illegible forms will not be analyzed.

Producer Contact Information:		
Name <u>Vahanna Goats</u>	Phone <u>250-602-9123</u>	Postal Code <u>V1A 2X1</u>

Veterinarian Contact Information:		
Name <u>Dr Marie-Eve Fradette</u>	Phone <u>250-489-3451</u>	Clinic Name <u>Steeles Veterinary Clinic</u>

Merck Territory Manager Information:		
Name <u>Jim Lunt</u>	Phone <u>604-819-0586</u>	Email <u>James.Lunt@Merck.com</u>

Sample Information:			
Sample Details:	<u>11 / 19 / 2018</u> MM DD YYYY Date Sample Taken	<u>Vahanna Goats</u> Farm / Feedlot / Ranch Name	Postal Code
	Other Details		

Industry:	<input type="checkbox"/> Beef <input type="checkbox"/> Dairy <input checked="" type="checkbox"/> Other: <u>Goats</u>
<i>If industry type is Beef or Dairy, complete Animal Type and Housing Type below.</i>	

Animal Type:	Cow/Calf: <input type="checkbox"/> Beef calf, <input type="checkbox"/> Adult cow, <input type="checkbox"/> Grass yearling	Feedlot: <input type="checkbox"/> Feeder calf, <input type="checkbox"/> Yearling	Dairy: <input type="checkbox"/> Dry cow, <input type="checkbox"/> Lactating cow, <input type="checkbox"/> Dairy Heifers
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Housing Type:	Beef Animals: <input checked="" type="checkbox"/> Pasture, <input type="checkbox"/> Confinement	Dairy Animals: <input type="checkbox"/> Total confinement, <input type="checkbox"/> Limited confinement
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Type of Test:	<input checked="" type="checkbox"/> FEC <input type="checkbox"/> FECRT - pre sample <input type="checkbox"/> FECRT - post sample
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Comments/Notes:	<u>Use as mobile herd for weed control, going to Alberta and other places in BC</u>
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Treatment History

Indicate the dates products were used

Product:	Date (Month/Day/Year):	Comments: Please contact the clinic with results!
<input checked="" type="checkbox"/> Safe-Guard® Suspension	10/18/2018 <small>MM DD YYYY</small>	
<input type="checkbox"/> Safe-Guard® Premix	/ / <small>MM DD YYYY</small>	
<input type="checkbox"/> Safe-Guard® Crumbles	/ / <small>MM DD YYYY</small>	
<input type="checkbox"/> Eprinex® Pour On	/ / <small>MM DD YYYY</small>	
<input checked="" type="checkbox"/> Ivomec® Injectable	07/16/2018 <small>MM DD YYYY</small>	
<input type="checkbox"/> Ivomec® Pour On	/ / <small>MM DD YYYY</small>	
<input type="checkbox"/> Bimectin® Injectable	/ / <small>MM DD YYYY</small>	
<input type="checkbox"/> Bimectin® Pour On	/ / <small>MM DD YYYY</small>	
<input type="checkbox"/> Alverin® Pour On	/ / <small>MM DD YYYY</small>	
<input type="checkbox"/> Dectomax® Injectable	/ / <small>MM DD YYYY</small>	
<input type="checkbox"/> Dectomax® Pour On	/ / <small>MM DD YYYY</small>	
<input type="checkbox"/> Valbazen® Suspension	/ / <small>MM DD YYYY</small>	
<input type="checkbox"/> Other:	/ / <small>MM DD YYYY</small>	
<input type="checkbox"/> Other:	/ / <small>MM DD YYYY</small>	
<input type="checkbox"/> Other:	/ / <small>MM DD YYYY</small>	
<input type="checkbox"/> Other:	/ / <small>MM DD YYYY</small>	



Sample Collection Instructions:

- 1. Collect Samples** - Use an inverted ziplock bag or a glove to collect a golf-ball size sample of fresh manure. DO NOT composite samples. Once picked up, reinvert the bag, expel the air from the bag and then seal. Collect 20 samples to profile each production class in a herd and for dairies, take samples from different stages of lactation. Place the 20 samples and the submission form into a large ziplock bag and label this bag with producer name, farm/feedlot/ranch name, animal type and housing type. If results are to be reported on an individual animal basis please number each of the 20 sample bags with a unique animal ID.
- 2. Store Samples** - Samples should be cooled to refrigeration temperatures as soon after collection as possible. They can be refrigerated for several weeks if necessary. Do not heat or freeze the samples.
- 3. Pack for shipping** - Place samples in a larger resealable plastic bag enclosed in a small box or Styrofoam container with a freezer pack (or frozen water bottle). Do NOT send with ice.
- 4. Ship** - Use a courier to ensure prompt delivery. Phone the laboratory to alert them the sample has been sent. **Do NOT send samples on a Friday.**

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Dairy and Beef Cattle Parasite Evaluation Form



Collection Date: Nov 19/18
 Name of Farm: Vanana Goats
 Producer's Name: _____
 Producers Address: _____
 City: _____
 Province: _____
 e-mail: _____

Laboratory: Biochebe
 Consultant: Brenda
 Territory Manager: Lunt
 Phone: _____
 e-mail: _____

Sample ID	Animal ID*	Trichostrongyle	Nematodirus	Trichuris	Tapeworm	Coccidia	Cryptosporidia	Total Nematode Count	Eggs/3 grams	Comments
1	Atuka	0						0		
2	Akangu	0						0		
3	Oaxi	0				++		0		
4	Rosie	0						0		
5	Fraya	0				+		0		
6	Ada Ma	0						0		
7	Ange Face	0						0		
8	Bedelia	0						0		
9	Dragon	0				+		0		
10	Metallica	0						0		
11	Fancie	3						0		
12	Ike	0				+		0		
13	Cassandra	1						0		
14	Clarence	0						0		
15	Nephreite	0						0		
16	Van (black)	0				+		0		
17	Rose's Bay	0						0		
18	A-Kikin	0						0		
19	Azir	0						0		
20	Alice	0						0		

Average Egg Count

[+ = 1-10 eggs, ++ = 11-50 eggs, +++ = >50 eggs]