

MILFEDDYGON

STEFFAN

VETERINARY SERVICES LTD

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PLEASE COMPLETE AS ACCURATELY AS POSSIBLE TO ENSURE CORRECT ADVICE IS GIVEN QUICKLY

Complete one sheet for each group to be tested

Name		Farm Address					
Contact Telephone Number		Mobile					
Date sample collected							
Animal Details							
Breed		Age					
No in group to be tested		Ewes / Lambs					
History							
Length of time on current pasture		Length of time expected to remain on current pasture					
General Condition of animals e.g. condition score and comments							
Date last dose What used?							
Comments (include recent movements, management activities, changes in feeding, any stresses, labour issues)							
Tests Required							
Pooled Faecal Egg Count (FEC)							
Post-dosing faecal egg count (Drench Test)							
Faecal Egg Count Reduction Test (FECRT) <i>Requires pre and post samples ensure labelled</i>							
Office Use - Results							
Chamber 1	Chamber 2	Chamber 3	Chamber 4	Total	FEC eggs/g	Treat Y / N	Next test due
Booked							
Farmer called							