

Equine Fecal Worm Egg Counts

Herd # _____

DATE: _____

HRAV REP: _____

OWNER: _____

CONSULTANT: _____

ADDRESS: _____

SPONSOR: _____

LOCATION OF "PEC": _____

(City State Zip)

(City State Zip)

| SAMPLE NUMBER | | | | | | | | |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Horse Name / No. | | | | | | | | |
| 1. Mare | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> |
| 2. Stallion | 2. <input type="checkbox"/> | 2. <input type="checkbox"/> | 2. <input type="checkbox"/> | 2. <input type="checkbox"/> | 2. <input type="checkbox"/> | 2. <input type="checkbox"/> | 2. <input type="checkbox"/> | 2. <input type="checkbox"/> |
| 3. Yearling | 3. <input type="checkbox"/> | 3. <input type="checkbox"/> | 3. <input type="checkbox"/> | 3. <input type="checkbox"/> | 3. <input type="checkbox"/> | 3. <input type="checkbox"/> | 3. <input type="checkbox"/> | 3. <input type="checkbox"/> |
| 4. Weanling | 4. <input type="checkbox"/> | 4. <input type="checkbox"/> | 4. <input type="checkbox"/> | 4. <input type="checkbox"/> | 4. <input type="checkbox"/> | 4. <input type="checkbox"/> | 4. <input type="checkbox"/> | 4. <input type="checkbox"/> |
| 5. Foal | 5. <input type="checkbox"/> | 5. <input type="checkbox"/> | 5. <input type="checkbox"/> | 5. <input type="checkbox"/> | 5. <input type="checkbox"/> | 5. <input type="checkbox"/> | 5. <input type="checkbox"/> | 5. <input type="checkbox"/> |
| 6. Other | 6. <input type="checkbox"/> | 6. <input type="checkbox"/> | 6. <input type="checkbox"/> | 6. <input type="checkbox"/> | 6. <input type="checkbox"/> | 6. <input type="checkbox"/> | 6. <input type="checkbox"/> | 6. <input type="checkbox"/> |
| Previous Treatment | | | | | | | | |
| 1. Yes | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> | 1. <input type="checkbox"/> |
| a. Date | a. _____ | a. _____ | a. _____ | a. _____ | a. _____ | a. _____ | a. _____ | a. _____ |
| b. Product | b. _____ | b. _____ | b. _____ | b. _____ | b. _____ | b. _____ | b. _____ | b. _____ |
| 2. No | 2. <input type="checkbox"/> | 2. <input type="checkbox"/> | 2. <input type="checkbox"/> | 2. <input type="checkbox"/> | 2. <input type="checkbox"/> | 2. <input type="checkbox"/> | 2. <input type="checkbox"/> | 2. <input type="checkbox"/> |
| 3. Unknown | 3. <input type="checkbox"/> | 3. <input type="checkbox"/> | 3. <input type="checkbox"/> | 3. <input type="checkbox"/> | 3. <input type="checkbox"/> | 3. <input type="checkbox"/> | 3. <input type="checkbox"/> | 3. <input type="checkbox"/> |
| HABRONEMA | | | | | | | | |
| STRONGYLES* | | | | | | | | |
| ROUNDWORM | | | | | | | | |
| THREADWORM | | | | | | | | |
| TAPEWORM | | | | | | | | |
| PINWORM | | | | | | | | |
| LUNGWORM | | | | | | | | |
| COCCIDIA | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TOTAL/SAMPLE | | | | | | | | |
| <p>Comments: _____</p> <p style="text-align: right;">*Small &/or Large Strongyles</p> <p style="text-align: right;">+ = 1-10 ++ = 11-50 +++ = 50+</p> | | | | | | | | |

Copies: White = Owner Yellow = Sponsor Pink = Database Gold = HRAV Rep