

# Ovine Wormtest

165 Westbury Road, PROSPECT 7250

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| <b>Office Use Only</b><br>Submission No. |    |
| Charge Cat.                              | CM |
| Date Received                            |    |

|  |   |  |  |                                       |  |  |  |                          |
|--|---|--|--|---------------------------------------|--|--|--|--------------------------|
| <b>Business Name</b>                   |   |  |  |                                       |  |  |  |                          |
| <b>Owner Name</b>                      |   |  |  |                                       |  |  | <b>Account to Name</b>                                 |                          |
| <b>Property Address</b>                |   |  |  |                                       |  |  | <b>Account to Address (if different from property)</b> |                          |
| <b>Property No.</b>                    | M |  |  |                                       |  |  | <b>ABN</b>   |                          |
| <b>Email</b>                           |   |  |  |                                       |  |  | <b>Date Collected</b>                                  |                          |
| <b>Phone</b>                           |   |  |  |                                       |  |  | <b>Signature of Submitter</b>                          |                          |
| <b>Submitter Name</b>                  |   |  |  |                                       |  |  |  |                          |
| <b>Species</b><br>(sheep, goat, other) |   |  |  | <b>Breed</b>                          |  |  | <b>Test required</b><br>(tick all required)            |                          |
| <b>Sex</b>                             |   |  |  | <b>Age</b>                            |  |  | Wormtest   | <input type="checkbox"/> |
| <b>Class</b>                           |   |  |  | <b>Weight</b>                         |  |  | Larval Culture   | <input type="checkbox"/> |
| <b>No. sampled</b>                     |   |  |  | <b>No. in mob</b>                     |  |  | Fluketest  | <input type="checkbox"/> |
| <b>Pregnant</b>                        |   |  |  | <b>Lactating</b>                      |  |  | <b>Optional</b><br>(Extra Charges apply)               |                          |
| <b>% losing weight</b>                 |   |  |  | <b>% scouring</b>                     |  |  | Individual Animal Test                                 | <input type="checkbox"/> |
| <b>% dying</b>                         |   |  |  | <b>No. of replacement kits needed</b> |  |  |  |                          |

| Grazing History                     |                                 |                                    |                                   | Drenching History                        |                    |             |                     |
|-------------------------------------|---------------------------------|------------------------------------|-----------------------------------|--|--------------------|-------------|---------------------|
| <b>Paddock Name</b>                 |                                 |                                    |                                   | <b>Date</b>                              | <b>Worm Drench</b> | <b>Date</b> | <b>Fluke Drench</b> |
| <b>Type of Grazing</b>              | Strip <input type="checkbox"/>  | Set Stock <input type="checkbox"/> | Rotation <input type="checkbox"/> |  |                    |             |                     |
| <b>Time mob has been in paddock</b> |                                 |                                    |                                   |  |                    |             |                     |
| <b>Previous grazing</b>             |                                 |                                    |                                   |  |                    |             |                     |
| <b>Pasture Length</b>               | < 2 cm <input type="checkbox"/> | 2-5cm <input type="checkbox"/>     | >5cm <input type="checkbox"/>     | <b>Does fluke occur on this property</b> |                    |             |                     |

|                          |
|--------------------------|
| <b>Other Information</b> |
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