

Worm Egg Count/Fluke-test Submissions

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60 Portland Rd Hamilton 3300

Owner..... Property Address

Email..... Phone..... Fax.....

How do you want results sent? Email Fax Phone Date sample collected...../...../..... Date Tested...../...../.....

PLEASE FILL OUT THE COLUMNS BELOW																
	Flock Count	Age	Mob Identification Paddock	Fluke Test (Y/N)	CS	% Scour	FOO Kg DM	Lambing Date	Recent WEC Results			Date last Drenched	Drench Last Used	RESULTS		
									Date	Strong	Nem			Strong	Nem	
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																
10.																

You can submit 10 or more samples. Just print off another submission form.

Please fill out as much information as possible for each sample submitted working across the page for each sample

Please fill out all your details including a contact number, email and the date sample was collected. Please write clearly

Add any comments you feel are relevant

OFFICE USE ONLY	
Invoice No.	
WEC	
FLUK	
OVI	
BOV	
CAP	
ALP	
EQU	
Freight	

Comments: