

Animal Health and Welfare Pathway Worming Treatment Check: Post-treatment sample submission form



Please submit post-treatment samples from the same grazing group as the pre-treatment group

Samples **must not** be pooled prior to submission. Submissions of less than 10 samples will not be tested. Submissions that do not meet these criteria will not be tested.

Part 1 – Essential farm information

Farm name/address			Date of sample collection: (15 samples required)	
Farmer e mail address				
Vet/Advisor address and post code				
Lab reference of pre-treatment submission	This information MUST be provided to allow interpretation of results			
Date of treatment:				
Product used / Active ingredient:				
Route of administration:	Oral drench <input type="checkbox"/>	Injectable <input type="checkbox"/>	Pour on <input type="checkbox"/>	
Grazing group name / ID			Number in grazing group:	
Have any changes been made to the grazing group?	No <input type="checkbox"/>	Yes – combined groups <input type="checkbox"/>	Yes – split grazing group <input type="checkbox"/>	Other (describe):

Part 2 - Providing treatment

Expiry date of product				
Was product stored in a cool, dry place?	Yes – whole time <input type="checkbox"/>	Yes – recently <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
Was dosing gun calibrated to product?	Yes – to this product <input type="checkbox"/>	Yes – previously <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
How was animal weight calculated?	Weighed – all individuals <input type="checkbox"/>	Weighed – some in group <input type="checkbox"/>	Estimation – by eye <input type="checkbox"/>	Estimation – other <input type="checkbox"/>
If using weigh scales, were they calibrated recently?	Yes – before use <input type="checkbox"/>	Yes – this year <input type="checkbox"/>	Yes – last year <input type="checkbox"/>	No / long ago <input type="checkbox"/>
How was dosing applied?	Set to heaviest individual <input type="checkbox"/>	Set to every individual <input type="checkbox"/>	To the average weight <input type="checkbox"/>	
Volume administered				
What other treatments have been provided? Include any treatments for fluke and ectoparasites.				
FOR BIOBEST USE ONLY	Date of receipt:	Databased/invoiced:		
No. of samples:	Request form no.:	Vet checked by:		
Booked in by:	1 st report sent (farmer and practice):	2 nd report sent (farmer and practice):		