

SWANS Veterinary Services



F.W.E.C SUBMISSION FORM

NAME:	FAX # :	
PROPERTY:		
DATE SAMPLES COLLECTED:		
MOBS TO BE TESTED:		
1)	6)	
2)	7)	
3)	8)	
4)	9)	
5)	10)	
REASON FOR TESTING: (please indicate with a tick)		
Pre Weaning ...	Pre 1 st Summer Drench ...	Pre 2 nd Summer Drench ...
Pre Lambing ...	Pre Marking ...	Suspect Barbers Pole ...
Sheep Dying ...	Poor Condition ...	Scouring ...
Monitor ...		
Other:		
DRENCH HISTORY:		
When Last Drenched:		
Drenched Onto:		
Drench Used:		
COMMENTS:		

NOTE: Please present 10 individual samples from each mob of sheep i.e. in egg cartons, plastic bags or bottles.