

Lab number: _____

PRACTICE	OWNER NAME
VETERINARIAN	OWNER ADDRESS/PH
VET REF NUMBER	
DATE SAMPLE COLLECTED	FARM ID / NAIT / AGRIBASE
PREVIOUS CASE NUMBER	ANIMAL ID <i>(add multiples overleaf)</i>
STOCK CLASS	BREED <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> BOVINE <input type="checkbox"/> OVINE <input type="checkbox"/> CAPRINE <input type="checkbox"/> OTHER:

For clinical disease investigation (e.g. wasting etc.) please use our standard production animal submission form.

TEST	REASON FOR TESTING
Faecal egg count - individual <input type="checkbox"/>	Standard FEC <input type="checkbox"/>
Faecal egg count - composite <input type="checkbox"/>	Capsule/long-acting injectable check <input type="checkbox"/> Date administered:
Larval culture - qualitative (standard) <input type="checkbox"/>	Pre-drench check <input type="checkbox"/>
Larval culture - quantitative <input type="checkbox"/>	Post-drench check* <input type="checkbox"/> <i>(please complete the information below)</i>

*PREVIOUS DRENCH INFO <i>(required)</i>	Pre-drench check Case No.:
DATE LAST DRENCHED:	- OR - DAYS POST DRENCH:
Drench	No samples for testing Animal identifier e.g. blue, orange etc.
<input type="checkbox"/> Arrest	
<input type="checkbox"/> Bionic	
<input type="checkbox"/> Boss - Triple / Dual	
<input type="checkbox"/> Fenbendazole	
<input type="checkbox"/> Genesis	
<input type="checkbox"/> Levicare	
<input type="checkbox"/> Matrix	
<input type="checkbox"/> Moxidectin	
<input type="checkbox"/> Startect	
<input type="checkbox"/> Switch	
<input type="checkbox"/> Trimox	
<input type="checkbox"/> Trivox	
<input type="checkbox"/> Turbo	
<input type="checkbox"/> Zolvix Plus	
<input type="checkbox"/> Other (list below)	

SAMPLES RECEIVED (for lab use only)						Unpacked by:	Date rec'd:
Animal ID	Faeces	Animal ID	Faeces	Animal ID	Faeces	Animal ID	Faeces
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>



Gribbles VETERINARY

GRIBBLES VETERINARY CONTACT DETAILS

AUCKLAND
37-41 Carbine Road
Mt Wellington
PO Box 12049, Penrose
Auckland 1642
T: 09 5744 701

HAMILTON
5 Karewa Place
Pukete
Hamilton 3240
T: 07 8500 777

PALMERSTON NORTH
840 Tremaine Ave
PO Box 536
Palmerston North 4440
T: 06 3567 100

CHRISTCHURCH
7 Halkett Street
PO Box 3866
Christchurch 8140
T: 03 3799 484

DUNEDIN
Invermay Research
Centre, Puddle Alley
PO Box 371, Mosgiel
Dunedin
T: 03 4894 600



0800 GRIBBLES | 0800 474 225 | www.gribblesvets.co.nz

CLINICAL HISTORY

Large empty table area for clinical history notes.

MULTIPLE ANIMAL IDs (herds, flocks etc.)

Table with 8 columns: Animal ID, Faeces, Animal ID, Faeces, Animal ID, Faeces, Animal ID, Faeces. Multiple empty rows for data entry.

LAB USE ONLY

Table with 4 columns: Date sent, Samples, Referral lab, Tests requested. Multiple empty rows for data entry.