

RESISTANT TICK ADVICE SHEET

CONTACT DETAILS: Date: _____ Property Number: Q Property Name: _____ Previous Owner: _____ Owner's Name: _____ Address: _____ Town / Shire: _____ Post Code: _____ Submitter's Name: _____ Submitter's No: _____ Address: _____ Phone: _____ Fax: _____ Email: _____		OFFICE USE ONLY R: No. ♀: Condition:
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TICK SUBMISSION: Send 30 or more engorged female ticks			
Host:	<input type="checkbox"/> Beef Cattle	<input type="checkbox"/> Dairy Cattle	<input type="checkbox"/> Horses <input type="checkbox"/> Other (specify)
Breed:	Number of animals:		
Cattle introductions over the past 12 months: Details (e.g. any resistance on property of origin, where, when)			
Tick stages found on animals at inspection:	<input type="checkbox"/> Engorged Females	<input type="checkbox"/> Engorged Nymphs	<input type="checkbox"/> Engorged Larvae
	<input type="checkbox"/> Semi-engorged Females	<input type="checkbox"/> Semi-engorged Nymphs	<input type="checkbox"/> Larvae
	<input type="checkbox"/> Young Adults	<input type="checkbox"/> Young Nymphs	<input type="checkbox"/> All Parasitic Stages
Reason for test:	<input type="checkbox"/> Suspect Resistance	<input type="checkbox"/> Survey	<input type="checkbox"/> Experimental Acaricide <input type="checkbox"/> Other
Previous resistance:	<input type="checkbox"/> No <input type="checkbox"/> Yes Type?		
Treatment Date:	Days after treatment:		
Tick numbers before treatment:	<input type="checkbox"/> Heavy	<input type="checkbox"/> Medium	<input type="checkbox"/> Low
Tick kill is:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

ACARICIDE IN USE: Name: _____ Date first used: _____	
<input type="checkbox"/> Plunge <input type="checkbox"/> Spray race <input type="checkbox"/> Hand spray <input type="checkbox"/> Pour on <input type="checkbox"/> Injection <input type="checkbox"/> Other (specify)	
Previously used acaricides:	Date:
Name of dip or locality where ticks collected:	
Number of other dips on property:	Acaricides in use:

TICK MANAGEMENT: Are all cattle treated? <input type="checkbox"/> Yes <input type="checkbox"/> No Is pasture spelling used? <input type="checkbox"/> Yes <input type="checkbox"/> No Is tick vaccine used? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tick control program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes: Month started: _____		Number of treatments: _____	
Interval (weeks): _____		Last treatment date: _____	
If no: Outline any treatments: _____			