

RESISTANT TICK ADVICE SHEET

CONTACT DETAILS:		OFFICE USE ONLY
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: _____	

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: _____	