

# Alpaca Parasite Workshop

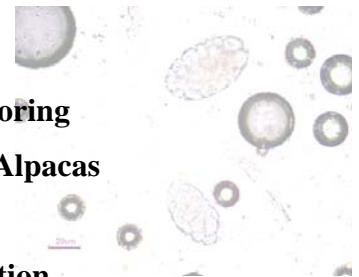
Saturday, August 29, 2009



- **Conducted by Dr. Anne Zajac, Parasitologist, Virginia Maryland Regional College of Veterinary Medicine**
- **Workshop will provide lecture and laboratory training on using fecal analysis and interpretation in evaluating alpaca parasite infections**
- **Due to the hands-on nature of the workshop, participation will be limited to the first twenty (20) people registering**
- **The workshop will be held at Virginia State University's Randolph Farm and is co-sponsored by VSU's Small Ruminant Program and the Virginia Alpaca Owners and Breeders Association**
- **Registration fee is \$20 and covers breakfast and lunch**

## Program

|                  |                                                                    |
|------------------|--------------------------------------------------------------------|
| 10:00 - 10:00 AM | <b>Registration and Breakfast</b>                                  |
| 10:10 - 11:00 AM | <b>Fecal Sampling and Introduction to FAMACHA Scoring</b>          |
| 11:00 - 12:00 PM | <b>Lecture on Fecal Analysis for Internal Parasites of Alpacas</b> |
| 12:00 - 1:00 PM  | <b>Lunch</b>                                                       |
| 1:00 - 3:00 PM   | <b>Laboratory Session-- Fecal Analysis and Interpretation</b>      |



- Participants should wear clothes suitable to handle animals; protective booties and latex gloves will be provided
- Participants are encouraged to bring a FRESH fecal sample (at least ½ cup in volume) from their own animals for analysis
- For directions use 4415 River Road, Petersburg, VA 23803 in Mapquest or GPS
- For questions regarding the workshop contact Stephan Wildeus at VSU ([swildeus@vsu.edu](mailto:swildeus@vsu.edu); 804-524-6716); for questions regarding registration contact Patty Fuller ([alpacas@poplarhill.com](mailto:alpacas@poplarhill.com); 540-953-0439)

## Registration (\$20 per person)

Name(s): \_\_\_\_\_

Farm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ph.: \_\_\_\_\_ Cell ph.: \_\_\_\_\_ e-mail: \_\_\_\_\_

I have enclosed \$ \_\_\_\_\_. (Make your check payable to VAOBA)

Send completed registration and payment to: Patty Fuller, VAOBA Education Chair  
2621 Mt. Tabor Road, Blacksburg, VA 24060