**FAECAL EGG COUNT REQUEST FORM**

**Owner Postcode/account number: Preferred Method of Reporting:**

[ ] **Tel:................................................**

[ ] **Email:............................................**

**Vet:......................................................... Date Sample Collected:...................................................**

**Owner name:......................................................................................................................................**

**Horse name(s):.................................................................................................................................**

**Bill to the above? Yes [ ] No [ ]**

If no please supply details for billing **……………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Worming history** – THIS IS ESSENTIAL INFORMATION IF WORMER RECOMMENDATION IS REQUIRED.

|  |  |
| --- | --- |
| **Date of last worming** | **Product used** |
| **General health of horse** | **Any relevant information** |

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| *Laboratory Use Only:*  *Date Received*  *Sample run* □ *Results written up* □ *Clinician called* □ *Booked by \_\_\_\_\_\_* □ |