



## FAECAL EGG COUNT REQUEST FORM

Owner Name & Address:

Preferred Method of Reporting:

[ ] Tel:.....

[ ] Email:.....

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

Owner name:.....

Horse name(s):.....

Account no (if known): .....

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

If no please supply details for billing

.....  
.....

### Worming history

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

Is the horse on: Care plan package [ ] Worming programme [ ]

Comments: .....

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<i>Laboratory Use Only:</i>				
Date Received _____	Sample run <input type="checkbox"/>	Results written up <input type="checkbox"/>	Clinician called <input type="checkbox"/>	Booked by _____ <input type="checkbox"/>