Equine Faecal Worm Egg Count

Submission Form

Client Name………………………………………………………………………………………………………………………….

Address……………………………………………………………………………………………………………………………….

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………………………………………………Postcode……………………..................................................................

Phone………………………………………………… Mobile…………………………………………………………………….

Email…………………………………………………………………………………

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| --- | --- | --- | --- | --- | --- |
| Horse Name | Sex | Age | Weight | Date last wormed | Product Used |
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How would you like your results reported?

Email

Fax Number……………………………

Phone Number……………………………

|  |  |
| --- | --- |
| Number of samples | Price Excluding VAT per sample |
| 1 | £ 10.56 |
| 2 – 4 | £7.69 each |
| 5 + | £6.66 each |