



holistic veterinary care
for horses and other animals

Faecal Egg Count submission form

YOUR DETAILS

Name: Date:

Address: Phone:

..... E-mail:

How do you want to receive your results (please circle one): TEXT or E-MAIL

HORSE'S DETAILS

Name: Age:

Breed: Gender:

Approximate weight: (mare/filly, gelding, or stallion/colt)

Health status (anything you think is relevant):

.....

If submitting samples for more than one horse, when all other details are the same, please use the back of this form to provide each other horse's details. Otherwise, please use a separate form for each horse.

WORMING DETAILS

Last dewormed (weeks/months ago): Product used:

Notes:

PASTURE DETAILS

On pasture (please circle one): FULL-TIME PART-TIME SEASONAL NONE

Company (please circle one): ALONE WITH OTHER HORSE(S)

Notes:

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