



KINGS BOUNTY
EQUINE PRACTICE

Faecal Worm Egg Count Submission Form

Client Name:			
Address:			
Telephone:		Mobile:	
Email:			
Date Sample Submitted:			

Horse	Breed	Age	Sex	Weight	Date last wormed	Product used

Yard Situation (i.e. Private or Livery Yard)	Pasture Management (i.e. Frequency of Poo Picking)

Results		
Vet:	Reported (Please circle): Y/N	Invoiced (Please Circle): Y/N