

**Worm Egg Count Request Form – please complete your details below**

We recommend worm egg counts every 3 months (March-November) and to **only** worm horses with high worm egg counts as guided by one of veterinary surgeons or SQPs. Tapeworm saliva or blood testing is recommended annually in September.

**CONTACT NAME**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YARD NAME**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAMPLE DATE**:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Horse Name** | **Owner Name** | **Result** | **Advised** | **Vet** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  | **Costed** |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  | **Paid** |

Preferred method of contact for results:

* Phone: (Contact Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Costs:**

1-4 worm egg counts - £13.00 (inc VAT) each.

If paying by card please give details below, alternatively you may include a cheque or call to pay the clinic in advance.

|  |  |  |
| --- | --- | --- |
| CREDIT / DEBIT CARD NUMBER | \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ | |
| VALID FROM \_\_\_\_/\_\_\_\_ | EXPIRES \_\_\_\_/\_\_\_\_ | 3 DIGIT SECURITY NUMBER \_\_\_\_\_\_ |

I HEREBY AUTHORISE THE COST OF THIS SERVICE TO BE CHARGED UP TO THE INVOICED AMOUNT OR OTHERWISE BY AGREEMENT.

**SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_