



WORM EGG COUNT SUBMISSION FORM

Date		Report results by: <i>(one method only)</i>	
Name		Post to address	
Address		Telephone	
		Fax	
		Email	
Postcode		Horse Health Plan	

Please carry out a worm egg count on the following samples:

Name and age of horse	Date last wormed	Wormer used	For Surgery Use Only	
			Lab Ref Number	Result/Comments

Relevant History	
Any worms observed?	
Pasture size	
Is the pasture shared?	
Is the pasture 'poo picked'?	
If so, how frequently?	

For Surgery Use Only	
WEC carried out by:	
Booked to card by:	
Vet informed:	
Reported to client by:	

**For further information please contact Town and Country Veterinary Centre
01858 465668**