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EggScope

Worm Egg Count Request Form

Name: _____ Date: _____ .

Trading Name: _____ .

Address: _____ Post Code: _____ .

Phone: _____ Mobile: _____ .

Email: _____ .

Results will be sent via Email and a Hardcopy can be supplied via Post if requested.

Sample No.	Horse Name	Approximate Age	Approximate Weight	Last Drench Date and Product if known
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
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22				
23				
24				
25				