



**MARION DUPONT SCOTT  
EQUINE MEDICAL CENTER  
LABORATORY (703) 771-6830 / FAX (703) 771-6829**

# **FECAL EGG COUNT PAYMENT FORM**

**List horses on the next page**

**DATE** \_\_\_\_\_

**NAME** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**PHONE** \_\_\_\_\_

---

**Cost: \$21.25 for each sample**

**Number of samples** \_\_\_\_\_ **Cost \$** \_\_\_\_\_

---

### **CREDIT CARD**

\_\_\_ **VISA** \_\_\_ **MasterCard** \_\_\_ **American Express**

**Number** \_\_\_\_\_

**Expiration date** \_\_\_\_\_ **Security code** \_\_\_\_\_

**Name on credit card** \_\_\_\_\_

**Credit card billing address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

**Please place each fecal sample (one fecal ball) in a zip-lock bag and label the bag with the horse's name. Hand-deliver the bags to the Admissions Office at the Equine Medical Center during regular business hours or ship the bags with ice packs in a watertight container by UPS Next Day Air, FedEx Overnight, or USPS Priority Mail Express. Enclose this form and the horse list with the fecal samples.**

**MARION DUPONT SCOTT  
EQUINE MEDICAL CENTER  
LABORATORY (703) 771-6830 / FAX (703) 771-6829**

# FECAL EGG COUNT

DATE \_\_\_\_\_

**OWNER or VETERINARIAN** \_\_\_\_\_

SEND RESULTS BY:

\_\_\_ PHONE \_\_\_\_\_ \_\_\_ FAX \_\_\_\_\_

\_\_\_ EMAIL \_\_\_\_\_

---

**NUMBER EACH HORSE IN THIS LIST AND WRITE THE NUMBER ON ITS SAMPLE BAG.**

**EPG = EGGS PER GRAM FECES**

**NPS = NO PARASITES SEEN**

HORSE: \_\_\_\_\_

\_\_\_\_\_

HORSE: \_\_\_\_\_

\_\_\_\_\_

HORSE: \_\_\_\_\_

\_\_\_\_\_

HORSE: \_\_\_\_\_

\_\_\_\_\_

HORSE: \_\_\_\_\_

\_\_\_\_\_

HORSE: \_\_\_\_\_

\_\_\_\_\_

HORSE: \_\_\_\_\_

\_\_\_\_\_

HORSE: \_\_\_\_\_

\_\_\_\_\_

HORSE: \_\_\_\_\_

\_\_\_\_\_

HORSE: \_\_\_\_\_

\_\_\_\_\_