



**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: \$19.50 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.

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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: _____
