



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 _____

EMAIL _____

PHONE _____

Cost: \$17.88 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: _____