

Equine Hair Analysis Requisition Form

Horse Owner or Veterinarian

Date Submitted

Name*

FIRST

LAST

Address*

CITY

COUNTRY

Email* (Results will be sent to this email address)

Horse Information

Analysis Kit Barcode Number*

Horse's Name*

Year of birth (yyyy)*

Gender*

Please list any dietary supplements that your horse is currently taking

Consent*

☐ I agree to the following three points below:

1. I understand that the interpretation or other information derived from the hair analysis will be based entirely on my professional judgement and knowledge of the horse involved.
2. Hair analysis is not a diagnostic tool; results are for information only.
3. I hereby certify that the above information provided is complete and accurate to the best of my knowledge.

Signature

