



Return Samples to: Wildwood Animal Health
 Wildwood County Lane Albrighton
 Wolverhampton WV7 3AH
 07779 667798

Name of Owner:

Name of Herd /Yard

Address:

Postcode:

Telephone number:

Email:

Vet Name, Practice Name and Contact email address *(a report can be sent to your vet)*

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Please circle to indicate: YES / NO

Number of samples included in submission:

Date samples taken:

SAMPLE NO	NAME/ID	Condition score	Age	Gender M/F	Date last Wormed/ Product used	Comments
1						
2						
3						
4						
5						
6						



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7						
8						
9						
10						
11						
12						
13						
14						
15						

Please make sure your Email and Mobile number is written clearly and correctly on the form as this may delay your results being sent out to you.
Ensure samples are labelled correctly .Remember to contact if you require composite samples testing Lung Worm or Fluke.