



609 Franklin Ave (509) 836-2020  
 Sunnyside, WA 98944 Fax (509) 836-2030  
 ahlabs@aghealthlabs.com

# Equine Submission Form

## Bill To

Bill To: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**Report by:** Fax \_\_\_ Email \_\_\_ Mail \_\_\_ Phone \_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

## Additional Report or Copy

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**Report by:** Fax \_\_\_ Email \_\_\_ Mail \_\_\_ Phone \_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

## Sample Information

Date Sampled	Sample Type (Alfalfa, Grass, Timothy Hay, Etc.)	Description	Equine Standard NIR	Equine Standard NIR + Wet Chemistry Minerals	Equine Wet Chemistry Panel	Equine Wet Chemistry + Wet Chem Minerals	Equine Carb Package	Other: _____

Payment is due prior to analyzing feed sample, unless an account is established with Ag Health Labs. Please pay by credit card (call the lab) or send check with samples.  
 If using a prepaid mailer, add \$7.10 to total

Submitted By: \_\_\_\_\_