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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 Information:

Name on Card: _____
 Card Number: _____
 Expiration Date: _____ CVV2 Code: _____

A service charge of 3.5% will be applied when using a credit card for payment.

Submitted By: _____