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# Equine Submission Form

Bill To

Additional Report or Copy

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

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

## Sample Information

Lab Use Only Accession #	Date Sampled	Sample Type (Alfalfa, Grass, Timothy Hay, Etc.)	Description	Equine Standard NIR	Equine Standard NIR + Wet Chemistry Minerals	Equine Wet Chemistry Panel	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: \_\_\_\_\_