

CROWSHALL VETERINARY SERVICES LLP

Stephen A Lister BSc BVetMed CertPMP DipIECPVS MRCVS
Claire I F Knott BVMS MRCVS
Philip P Hammond BVetMed PGCert Avian Health (hons) MAHM MRCVS
Ian S Lowery BVetMed PGCert ILHP MRCVS

1 Crows Hall Lane
Attleborough
Norfolk NR17 1AD
Tel: 01953 455454
Fax: 01953 455661



PARASITOLOGY REQUEST SUBMISSION FORM

Completing this submission form means that you are giving Crowshall Veterinary Services LLP permission to hold your personal data. Please refer to the Crowshall Veterinary Services LLP [Data Protection Policy](#) Statement for more information. This is on display on our noticeboard or available at <https://www.crowshall.co.uk/>.

Client Details:

Company Name		Site Name	
Company Address		Site Address	

Additional Information Required:

Date of Sampling		Species/Type of Bird	
House/Unit Numbers		Age of Birds	*Days/weeks
Flock Codes/Ref:			

* delete as necessary

DETAILS OF TESTS REQUIRED:- (please indicate number of samples **FOR EACH TEST IN BOX**)

WORM EGG COUNT (FAECAL)	<input type="text"/>
WORM EGG COUNT (LITTER)	<input type="text"/>
WORM EGG COUNT (CULL BIRDS)	<input type="text"/>
OOCYST COUNT ESTIMATION (OPG)- (FAECES)	<input type="text"/>
OOCYST COUNT ESTIMATION (OPG)- (LITTER)	<input type="text"/>

OTHER (Please specify) _____

Any Other Important Information:

FOR LAB USE ONLY

Date of Receipt	
Date of Testing	
Crowshall Submission Reference Number	