



## CROWSHALL VETERINARY SERVICES

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### PARASITOLOGY REQUEST FORM

**OWNER:**                      **Name:**                      .....

**Address:**                      .....

**SITE:**                         **Name:**                      .....

**Address:**                      .....

**NUMBER AND TYPE OF SAMPLE SUBMITTED: .....**

**DATE: .... / .... / ....**

**HOUSE NUMBER: .....                      AGE OF BIRDS: .....weeks/days\***

**TYPE OF BIRDS: broiler/turkey/layer/other\***

**\*= delete as appropriate**

**DISEASE HISTORY (including project reference, as necessary):**


**TESTS REQUIRED: (please TICK all tests required)**

Worm egg count	<input type="checkbox"/>
Cocci count	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>