



HAIR ANALYSIS INTAKE FORM FOR HORSES

Date:

Lab #

Name: _____

Address: _____

City _____ Province/State _____

Postal Code/Zip _____ Telephone Number _____

Email Address: _____

Breed _____ Age _____ Mare _____ Gelding _____

Sex _____ Pregnant: Yes or No

Date of Hair Sampling _____ Color of Hair _____

Sample taken from what Location on Body? _____

What health conditions does your horse have? _____

What is your horse currently eating? _____

Which supplements is your horse taking? _____

Riva's Remedies Ltd.
P.O. Box #92
Armstrong, B.C.
Ph: 1-800-405-6643
Email: reception@rivasremedies.com