



Fecal Package	
Gold Wellness	
Silver Wellness	
Bronze Wellness	
Farm Plan	
Credit Card on File	
Cash/Check/Credit Card	

**\*\*Please fill out highlighted areas!\*\***

**Fecal Test**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Doctor: \_\_\_\_\_  
 Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

:

**Technical Staff should**

- Call Client
  - Submitting DVM will call client
  - Give additional to Dr. \_\_\_\_\_
  - Email Results to Owner
- \_\_\_\_\_

**Patient Type**

- STAT
- Hospitalized
- Outpatient
- Ambulatory

Fecal Float

Technical Staff: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Horse's Name	Date Last Treated?	Drug Used?	Egg Count	Egg Type	Sand

**Recommended TX**

- Trace (T) (few grains): no TX but recommend yearly fecal tests to monitor sand.
- Moderate (M) (up to ¼ inch): give 1 cup of psyllium SID PO for 2-3 weeks then recheck
- Heavy (H) (more than ¼ inch): give 1 cups of Psyllium BID PO for 2-3 weeks then recheck
- Egg count over 300: de-worm with recommended product.

Direct Fecal Smear

Horse: \_\_\_\_\_ Age: \_\_\_\_ History: \_\_\_\_\_  
 Findings: \_\_\_\_\_  
 \_\_\_\_\_

**Contact Owner with Results**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_

Charged: \_\_\_\_\_