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EQUINE PARASITE CONTROL MONTH SUBMISSION FORM

Please label the sample with the horse's name and date and complete the questions below. A veterinarian will call with your results to discuss findings and recommendations and a copy of the results will be sent to you by email.

Date: _____

Your details:

Name: _____

Address: _____

Phone: _____ Email: _____

Horse's details (please complete a separate form for each horse):

Name: _____

Breed: _____

Sex: _____ Age: _____ If female, pregnancy status: _____

Purpose of horse (ie racing, jumping, dressage): _____

Last worming date: _____ Product (if known): _____

Property details:

Address: _____

Approximate size of paddock: _____

Number of horses per paddock: _____

Parasite Control Strategies Used (tick any that apply):

Manual manure collection Spelling of yards/paddocks Rotational grazing

Slashing Harrowing Other (please describe): _____

