



Equine Hair Mineral Analysis Submittal Form

Owner's
Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: () _____

Fax: () _____

E-Mail: _____

Note: Results will be e-mailed if an address is provided, rather than sent through the mail.

Send results to:
(if different than above)

Address: _____

City: _____

State: _____

Zip: _____

Submitted
By: _____

Equine Information:

Select One:

New Test

Re-Test

Date: _____

Horse's
Name: _____

Breed: _____

Age: _____

Filly

Colt

Gelding

Stud

Open Mare

Bred Mare, due date _____

Height: _____

Weight: _____

Current
Medications: _____

Health
Concerns or
Chronic
Problems: _____

Payment (\$249.95 per test):

Web Order Check Enclosed

Credit Card (Visa, MC, AmEx, Discover Accepted)

Credit
Card #: _____

Exp
Date: _____

Signature: _____

Please send this completed form with the hair sample and payment to:
Uckele Health & Nutrition, Inc.
Attn: HMA, P.O. Box 160, Blissfield, MI 49228
800-248-0330