

LAB FORM HORSE



DATE SAMPLED	
CUSTOMER IDENTIFICATION	
Mill Code:	
Mill Name:	
Customer Code:	
Customer Name:	New Customer: <input type="checkbox"/>

SAMPLED NAME	
CONTACT	
Contact Name:	
Contact Phone number:	
TERRITORY MANAGER	
TM Name:	Copy to TM: <input type="checkbox"/>
TM E-mail:	

Equine

PLEASE ONE FORM PER SAMPLE

PRODUCT CODE

Supplement	<input type="checkbox"/>
Complete Feed	<input type="checkbox"/>
Premix Mineral	<input type="checkbox"/>

PRODUCT NAME :

SAMPLE NAME

ANALYSES REQUESTED		
Acid Detergent Fiber	%	
Calcium	%	
Crude Fat	%	
Crude protein	%	
Dry Matter	%	
Magnesium	%	
DE Horse	mcal/kg	
Phosphorus	%	
Potassium	%	
Sodium	%	
Sulfur	%	
T2HT2	ppb	
Vomitoxin	ppm	
Zearalenone	ppm	
Salmonella		

Standard analyses	HORSE HAY	
Grass	Horse 421	<input type="checkbox"/>
Alfalfa/Legume	Horse 431	<input type="checkbox"/>
Mixed	Horse 441	<input type="checkbox"/>

Comments :

* The above net energy values are estimated.