*ANIMAL HAIR ANALYSIS*

**INFORMATION SHEET**

Existing Patient New Patient (PLEASE TICK)

**YOUR NAME:** DATE: ………………………………...........

SURNAME: …………………………………………………. FIRST NAME: ………………………………

ADDRESS: ………………………………………………………………………………………………………….

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CONTACT NUMBER: ………………………………………………………………………………………… EMAIL:………………………………………………………………………………………………………………

**ANIMAL:**

NAME: ……………………………………………………………………………………………………………… TYPE OF ANIMAL: ……………………………………………………………………………………………..

AGE: ……………………………………………………SEX..…………………………………………………….

Please give as much information as possible of symptoms your animal is experiencing and any visible signs on their body.

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# IMPORTANT: MAKE SURE YOU ENCLOSE THIS SHEET WITH YOUR HAIR SAMPLE