

## Gelatinase testing form

Name of owner: \_\_\_\_\_

Phone: \_\_\_\_\_ E mail: \_\_\_\_\_

Horse: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_

Primary Complaint: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Current Treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Diet and Supplements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Vaccination History: \_\_\_\_\_

Five Element Temperament type: If not known visit [www.horsetemperament.com](http://www.horsetemperament.com) F

\_\_\_ E \_\_\_ M \_\_\_ WR \_\_\_ WD \_\_\_ F/WD \_\_\_ WD/F \_\_\_ F/WR \_\_\_ WR/F \_\_\_ M/E  
\_\_\_ E/M \_\_\_

Send 1 fecal ball size sample chilled and directly to me at:

Trish Phelps

PO Box 205

Weir TX 78674

Include this testing form and \$20 for each sample