



**Three Counties Equine Hospital**  
**OPEN DAY FORAGE ANALYSIS OFFER**

**CHOICE OF ANALYSIS – OFFER PRICES**

**Proximate Analysis**

**£5.00 per sample (normally £7.50)**

Provides a general assessment of feed value by estimating Dry Matter, Digestible Energy, Ash, Sugar, Neutral Detergent Fibre, and Crude Protein. Haylage samples are also assessed for pH. *Please allow 15 working days for results.*

**Micro-nutrients**

**£40.00 per sample (normally £47.50) DOES NOT INCLUDE PROXIMATE ANALYSIS**

This measures minerals and trace elements and is normally only necessary for studs or if a vet has diagnosed, or is investigating, a clinical problem with your horse(s). The minerals tested are calcium, sodium, potassium, zinc, magnesium, copper, phosphorus & manganese, molybdenum, cobalt, iron, iodine, sulphur, nitrogen & selenium. *Please allow 20 working days for results.*

**Hygiene**

**£50.00 per sample (normally £55.00) DOES NOT INCLUDE PROXIMATE ANALYSIS**

This assesses the 'cleanliness' of hay by culturing the moulds and yeasts at 25 and 37 degrees centigrade and identifying the species found. Performance horses, youngsters and those with respiratory problems may benefit from this information. *Please allow 20 working days for results.*

**OFFER ENDS 23<sup>rd</sup> OCTOBER 2009**

**Sampling Instructions – Please read instructions carefully, if in doubt contact the Nutritional Helpline on 0845 345 2627 for assistance.**

1. If you have one available, use a corer and take a core diagonally across bales. If not, split the bales open to obtain mid-bale samples.
2. Sample from several bales (if possible) to obtain a representative sample. Thoroughly mix the samples in a pile and sub-sample to achieve a final sample of approximately 250g (½ lb).
3. **Send adequate quantity. SAMPLES MUST FILL AN A4 SIZED BAG.** (This also means that if we need to re-test for any reason we have adequate sample to hand).
4. Send your sample securely fastened in a plastic bag, clearly labelled with your name and a reference number or name if sending more than one sample. Haylage must be sampled from freshly opened bales and posted soon after sampling in an airtight bag. Ensure haylage is posted Mon-Thurs to ensure it is received and frozen before the weekend.

5. For grass samples, walk a zig-zag across the field and sample from several points on the way. Use scissors to cut the grass and take care not to include roots or soil in the sample.
  
6. Please enclose a cheque payable to Dodson & Horrell Ltd for the total amount (or fill in credit card slip at end of form), along with your labelled sample and completed form to ***Helpline, Dodson & Horrell Ltd, Kettering Road, Islip, Northants, NN14 3JW.***

Please circle the descriptions that apply **for each sample** submitted. Make sure each sample bag is labelled with a separate sample reference, and use the same samples references below.

Sample Reference (e.g. Field Name).....Sampling Date .....

County Grown in..... Year Grown.....Cut (e.g. 1<sup>st</sup>, 2<sup>nd</sup>).....

<b>Type:</b>	Hay	Haylage	Fresh Grass		
<b>Dominant Species:</b>	Ryegrass	Timothy	Cocksfoot	Alfalfa	Meadow/None
<b>Growth Stage:</b>	Vegetative/Leafy	Stemmy	Seedy	Threshed	
<b>Colour:</b>	Green	Beige	Khaki	Dark Brown	Grey
<b>Smell:</b>	Sweet	Fusty/Old	Odourless	Fruity	Vinegary
<b>Hygiene:</b>	Clean	Dusty	Mouldy		

**Analysis Required:** Proximate £5                      Micro-nutrients £40                      Hygiene £50

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<b>Hygiene:</b>	Clean	Dusty	Mouldy		

**Analysis Required:** Proximate £5                      Micronutrients £40                      Hygiene £50

24/08/09/TCEH

**Contact Details**

Name:.....

Tel. No. ....

E-Mail ..... Fax .....

Address: .....

.....

..... Post Code: .....

Name of Area Manager or Feed Supplier (if applicable) .....

Referring Vet and Practice (if applicable) .....

.....  
Where did you hear about the D&H forage analysis service? .....

.....  
How would you like your results sent back?

Email..... Fax..... Post.....

**Payment by Credit/Debit Card**

Type of card:                    Visa .....Mastercard    Maestro (Switch)    Solo    Electron    Visa Debit

Card Number:                    .....  
Maestro/Switch Only

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Valid From (MM/YY)                    ..... Expiry Date (MM/YY)                    Switch Issue No.                    Validation Code

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Last 3 digits on signature strip

Mr / Mrs / Miss / Ms .....

Address (If Different from Order Form).....

..... Post Code.....

Please debit my Credit/Debit Card £..... Signed.....

*Thank you for taking the time to complete this form*