



ABN 34 984 554 357

347 COLEYVILLE ROAD
MUTDAPILLY QLD 4307
WEBSITE: www.hairtestlab.com.au

TELEPHONE 0754 67 1800
FAX 0754 67 1811
E-MAIL info@hairtestlab.com.au

This is to signify that I, the undersigned, have the authority to provide the hair of the horse detailed below.

I understand that there is a \$22.00 administration fee to accompany this form.
I further agree for the Hair Test Lab to contact an operator experienced in radionics (a non-scientific procedure) to suggest an applicable dietary supplementation for the horse.

The sample provided is the hair of the following horse:

Name: _____

Breed: **Thoroughbred** **Standardbred**

Other (please specify) _____

Age: _____ Gender _____

Is this horse in work? Yes/No (if yes, for how long) _____

Fitness level _____

Horse's diet, conditions/illnesses (please provide as much detail as possible, provide extra pages if required) _____

CLIENT DETAILS

Your name: _____

Address: _____

Postcode: _____

Phone no: _____ Fax no: _____ Mobile no: _____

Email: _____ Other: _____

Your opinion of the horse's condition: _____

I declare that the above details are true and correct:

Name: _____ Date: _____

Signature: _____

THE RADIONICS PROCEDURE WILL NOT BE UNDERTAKEN UNLESS THE ABOVE IS COMPLETED AND RETURNED WITH PAYMENT AND HORSE'S HAIR SAMPLE.

PAYMENT OPTIONS: CHEQUE/MONEY ORDER (payable to Hair Testing Lab) CREDIT CARD

CREDIT CARD DETAILS: CARDHOLDER'S NAME _____

CARD NO: _____ CARD TYPE: VISA MASTERCARD

CARD EXPIRY: _/ _/ _

Direct deposit:

POST SAMPLE TO: HAIR TESTING LAB

Kennallywood Pty Ltd

347 COLEYVILLE ROAD

Commonwealth Bank Aust

MUTDAPILLY Q 4307

BSB: 064776 A/c: 1003 1558

Email: info@hairtestlab.com.au

Reference: your "surname" Hair Test