

Date of receipt: \_\_\_/\_\_\_/\_\_\_



CVS Reference: \_\_\_\_\_

MVP Reference: \_\_\_\_\_

## Feed Submission Form

### Client details:

Company name and address:

Site name and address:

### Sample Details: (please indicate number of samples)

Sample Reference	Date Sampled	Tests Required (indicate as necessary)						Other (please specify)
		Protein	Moisture	Ash Content	TVC	Salmonella	Enterobacteria	

Please supply a minimum of 60 grams for analysis.

For bacteriology testing, please ensure that the sample arrives at the laboratory within 2 days of being taken.

### Please send samples to:

**Crowshall Veterinary Services**  
**1 Crowshall Lane**  
**Attleborough**  
**Norfolk**  
**NR17 1AD**  
**(UKAS Accredited Lab 2164)**

The Veterinary Surgery  
Salisbury Road, York  
YO26 4YN  
Tel: 01904 620968  
Fax: 01904 671397

Herriot House  
Howton, Hereford  
HR2 0BG  
Tel: 01981 241320  
Fax: 01981 241321

College Road  
Sutton Bonington, Loughborough  
LE12 5RA  
Tel: 01159 516551  
Fax: 01159 516550