

# Testing Farm Harvested Bedding for Tall Fescue Toxicity

UK Horse Pasture Evaluation Program

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Date: \_\_\_\_\_  
 Farm Name: \_\_\_\_\_  
 Farm Owner: \_\_\_\_\_  
 Farm Manager: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: Office: \_\_\_\_\_  
 Cellular: \_\_\_\_\_  
 FAX: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Physical Address of the Farm: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has your farm been evaluated by the UK Horse Pasture Evaluation Program in the past?

YES      NO      If yes, what year(s): \_\_\_\_\_

## Bedding To Be Tested

Field Name/Number Harvested From	Acres	Appox. Date Harvested	Stage of Maturity at Harvest (Circle One)
			Vegatative/ Leafy    Emerging Seedhead    Mature Seedhead
			Vegatative/ Leafy    Emerging Seedhead    Mature Seedhead
			Vegatative/ Leafy    Emerging Seedhead    Mature Seedhead
			Vegatative/ Leafy    Emerging Seedhead    Mature Seedhead