



# VDx<sup>®</sup>

Veterinary Diagnostics

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## NEW VDx CLIENT INFORMATION

**Clinic name:** \_\_\_\_\_

**Account #:** \_\_\_\_\_  
(VDx to assign)

**Mailing address:**

**Address for sample pickup (if different):**

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

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

(Statements will be mailed to this address the first of each month for the previous month's services.)

**Phone #:** \_\_\_\_\_

**After hours phone #:** \_\_\_\_\_  
(So we can return calls at lunch, after closing, etc...)

**Fax #:** \_\_\_\_\_  
(Reports will be sent by fax to this number)

**E-mail address:** \_\_\_\_\_

**Preference for results:** [ ] Fax, [ ] E-mail or [ ] Both

Doctors' names (first and last names please):

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

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

Head Tech's name : \_\_\_\_\_  
(or other contact person)

**Clinic Hours:** \_\_\_\_\_

**How did you hear about VDx?** \_\_\_\_\_

**When complete, please return to VDx via fax (1-530-753-4055)**