



VDx[®]

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)