



VDx[®]

Veterinary Diagnostics

Dr. John Peuroi, President
DVM, MPVM, Dipl. ACVP

215 C Street, Suite 301
Davis, CA 95616

Phone: (530) 753-4285

Fax: (530) 753-4055
www.vdxpathology.com

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)