



VDx[®]

Veterinary Diagnostics

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

215 C Street, Suite 301
Davis, CA 95616

Phone: (530) 753-4285
Fax: (530) 753-4055
www.vdxpathology.com

TERMS and CONDITIONS

These terms and conditions will govern the sale of all services (“Services”) from VDX Veterinary Diagnostics (“VDx”) to you (the “Veterinary Practice”). The parties agree to the following terms and conditions:

1. The Veterinary Practice submitting the samples will be held accountable for all testing charges, including in cases where VDX is recommended by other parties.
2. VDX will invoice in accordance with the VDX fee schedule in effect at the time of submission. A copy of the current fee schedule may be obtained by calling 1-530-753-4285 or emailing customerservice@vdxpathology.com.
3. VDX will invoice Veterinary Practice on the last day of the month for all Services provided in the prior month. For practices which submit one-time or infrequent samples to the laboratory, VDX may invoice Veterinary Practice as soon as testing is final.

4. Invoices will be sent by US mail to the following party:

Attention to: _____
 Practice name: _____
 Street Address: _____
 City, State & Zip: _____

check to receive invoice by email to: _____

5. VDX terms are ‘Net 30’ from the statement date. A finance charge of 1.5% per month will be assessed on all accounts 10 days or more past due.
6. Payment must be by check in U.S. dollars drawn upon a U.S. bank. International (including Canadian) clients will be responsible for all currency conversion fees. Please contact VDX at CustomerService@vdxpathology.com if you would like to inquire about electronic payment methods.
7. VDX reserves the right to suspend processing of samples if account balance is more than 60 days past-due. VDX may also require prepayment of services for any Veterinary Practice which is, or has been, in past-due status at any time.

By signature below, and by submitting sample, the Veterinary Practice accepts VDX Veterinary Diagnostics Terms and Conditions.

Veterinary Practice Name: _____
 Print Name and Title: _____
 By (Signature): _____
 Date: _____

When complete please return via fax to **1-530-753-4055**
or via e-mail to **customerservice@vdxpathology.com**