

CLINIC INFORMATION	
Clinic Name: _____	
Phone Number: _____	Fax Number: _____
Physical Address: _____ _____	Postal Address: _____ _____
Clinic Manager: _____	
Key Contacts for Admin/Reception: _____	Accounts: _____
Email Address (Accounts): _____	
Email Address (Reports): _____	
Vet Result Interface Format* (Circle one): EZYVET VETLINK VISION RX WORKS BASIC VIA NONE USED	
Vet Result Interface Email: _____	
*Please select one of the Interface options above NOTE: We are still in the development stage of our software one of our staff will be in touch to discuss.	

Please ensure the following information is completed for each individual Vet. Ensure the email address/es provided are the primary contact address/es the Vet would like to be contacted on. Please tick the **Results** box if the Vet requires emailed results to be sent to their email address/es provided in addition to the Reports Email Address address above

VETERINARIAN INFORMATION	
Vet Name: _____	Mobile Number: _____
Email Address/es: _____ <input type="checkbox"/> Results	
<input checked="" type="checkbox"/> Please Tick: Small Animal <input type="checkbox"/> Large Animal <input type="checkbox"/> Mixed <input type="checkbox"/> Equine <input type="checkbox"/>	

VETERINARIAN INFORMATION	
Vet Name: _____	Mobile Number: _____
Email Address/es: _____ <input type="checkbox"/> Results	
<input checked="" type="checkbox"/> Please Tick: Small Animal <input type="checkbox"/> Large Animal <input type="checkbox"/> Mixed <input type="checkbox"/> Equine <input type="checkbox"/>	

VETERINARIAN INFORMATION	
Vet Name: _____	Mobile Number: _____
Email Address/es: _____ <input type="checkbox"/> Results	
<input checked="" type="checkbox"/> Please Tick: Small Animal <input type="checkbox"/> Large Animal <input type="checkbox"/> Mixed <input type="checkbox"/> Equine <input type="checkbox"/>	

VETERINARIAN INFORMATION	
Vet Name: _____	Mobile Number: _____
Email Address/es: _____ <input type="checkbox"/> Results	
<input checked="" type="checkbox"/> Please Tick: Small Animal <input type="checkbox"/> Large Animal <input type="checkbox"/> Mixed <input type="checkbox"/> Equine <input type="checkbox"/>	

VETERINARIAN INFORMATION

Vet Name: _____ Mobile Number: _____
Email Address/es: _____ Results
 Please Tick: Small Animal Large Animal Mixed Equine

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