

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: _____	
<b>*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.</b>	

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"/>	

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

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