

CLINIC INFORMATION											
Clinic Name:											
Phone Number:				F	Fax Nu	mber:					
Physical Address:			Postal	Address:							
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Clinic Manager:											
Key Contacts for Ac	Imin/Reception:		Accounts:								
Email Address (Acco	ounts):										
Email Address (Rep	orts):										
Vet Result Interface	Format* (Circle	one):	EZYVET	VETLIN	IK VI	SION RX	WORKS	BASIC	VIA	NONE USED	
Vet Result Interface	Email:										
*Please select one of	f the Interface op	otions a	above NOT	E: We ar	e still i	n the devel	opment s	tage of o	ur softv	vare one of our	
staff will be in touch	to discuss.										
Please ensure the foll primary contact addre	_		-								
esults to be sent to tl	neir email addres	s/es pr	ovided in a	ddition	to the	Reports Em	ail Addre	ss addres:	s above		
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