

NEW SUBMITTING CLINIC/VET FORM



CLINIC/VET INFORMATION	
Clinic Name:	_____
Phone Number:	_____ Fax Number: _____
Physical Address:	_____ Postal Address: _____
_____	_____
_____	_____
Clinic Manager:	_____
Key Contacts for Admin/Reception:	_____ Accounts: _____
Accounts Email (EOM Invoices/Statements):	_____
Accounts Email (Case Fee Summaries):	_____
Reports Email (Case Results):	_____
Vet Result Interface Format* (Circle one):	EZYVET VETLINK VISION RX WORKS BASIC VIA NONE USED
Vet Result Interface Email:	_____

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.

PLEASE NOTE: By completing this form you are accepting our terms of trade. These can be found at: <https://www.vetpath.co.nz/terms-of-trade/>

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"/>

VETERINARIAN INFORMATION	
Vet Name:	_____ Mobile Number: _____
Email Address/es:	_____ <input type="checkbox"/> Results
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