

NEW SUBMITTING VET FORM

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): EYZVET 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.

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
<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
<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: _____
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<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
<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
<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
<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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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"/>