



Vetpath
CANADA®

NEW CLIENT INFORMATION

CLINIC/PRACTICE INFORMATION

***NAME OF CLINIC/PRACTICE:**

***FULL NAME(S) OF VETERINARIANS:**

***FULL ADDRESS:**

(where you would like to receive supplies)

***PHONE NUMBER:**

***EMAIL FOR GENERAL INQUIRIES:**

PATHOLOGY RESULTS

Pathology results will be sent by email, unless otherwise requested.

***EMAIL FOR RECEIVING PATHOLOGY RESULTS:**

If you would like results cc'd to other email addresses as well, please indicate those here:

BILLING INFORMATION

An electronic invoice will be emailed at the end of every month (you can download the pdf and print it if you need a hard copy). Payment is expected upon receipt.

If you would like to pre-authorize a credit card, please use the credit card pre-authorization form.

***NAME OF CONTACT PERSON/CLINIC MANAGER:**

***EMAIL ADDRESS OF CONTACT PERSON/CLINIC MANAGER:**

***BILLING EMAIL** (where invoices will be sent):

BILLING ADDRESS:

PHONE NUMBER:

ADDITIONAL INFORMATION

***HOW DID YOU HEAR ABOUT US, AND WHY DID YOU CHOOSE US?:**

***YOU WOULD LIKE TO USE
VETPATH PRIMARILY FOR:**

- ☐ **HISTOPATHOLOGY**
- ☐ **CYTOPATHOLOGY** (FINE NEEDLE ASPIRATES, IMPRESSION SMEARS)

***APPROXIMATELY HOW MANY
SAMPLES PER MONTH DO YOU
EXPECT TO SEND?** (this helps us
determine how many supplies to provide)

- ☐ **HISTOPATHOLOGY:**
- ☐ **CYTOPATHOLOGY:**

***YOUR CLINIC/PRACTICE TREATS:**

- ☐ **DOGS**
- ☐ **CATS**
- ☐ **HORSES**
- ☐ **OTHER** (PLEASE SPECIFY):

***FOR GENERAL PRACTITIONERS - WHICH REFERRAL CENTER/SPECIALIST(S) DO
YOU USUALLY USE?**

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW?

We look forward to working with you!