

Enquiries/Account Setup Form

1: PRACTICE DETAILS

Name: _____

Address: _____

Postal Address (if different from above): _____

Contact Name: _____

Phone: _____ Fax: _____

Clinic Email: _____

Accounts Email (for invoices & statements): _____

Operating Hours: Monday to Friday: _____ Saturday: _____

Veterinary Practice Management Software used: _____

2: REPORTING (TEST RESULTS)

Company (if different from above): _____

Address (if different from above): _____

Phone: _____ Fax: _____

Result email address: _____

Delivery method for reports (select all methods required):

Email

Results as PDF attachments or Result information embedded in body of email

Download into Veterinary Practice Management Software* (VPMS name: _____)

**Please note: not all VPMS Systems are compatible*

Medway Online Access (Register via link at vetqml.com.au once account setup is complete)

Fax (secure fax only)

3: SIGNATURE

Name: _____

Position/Company: _____

Signature: _____ Date: _____

Please email completed form to vetnostics@qml.com.au.