



Oregon State University
Oregon Veterinary
Diagnostic Laboratory

New Client Registration Form — Individual

Phone: 541-737-3261 **Fax:** 541-737-6817
Email: vet.diagnostic@oregonstate.edu
Website: <http://vetmed.oregonstate.edu>

Shipping/Courier Address
134 Magruder Hall
Corvallis OR 97331-4801

Thank you for choosing the Oregon Veterinary Diagnostic Laboratory. We look forward to serving you.
If you have any questions please contact as at (541) 737-3261 or vet.diagnostic@oregonstate.edu.

Client Information

Name:				
Farm Name (if applicable):		Tax ID:		
Address:				
City:		State:	Zip:	
Phone:		Email:		
Fax:	Reporting Method:	Fax	Email	Mail

Additional Contacts

Please list anyone who you authorize to call us regarding submission on this account. If they are not listed we will be unable to speak with them. If an email address is provided they will be sent a copy of the results.

Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:

Release of Records

At times, an animal is referred to the Veterinary Teaching Hospital (VTH) at Oregon State University. Without prior authorization, we are unable to release results until we make contact with the submitting party. By signing below, you authorize the release of records to the VTH, upon their request.

Signature

Date

How did you hear about us?

Online Veterinarian Other Laboratory Other (please list) _____

Include this form with a Submission Form (General, Clinical Pathology or Biopsy Necropsy), the Revolving Charge Agreement and the specimen(s) that you are submitting. Forms are available at <http://vetmed.oregonstate.edu/diagnostic/forms>.