



# Registration Form for VAX-Testing

Please fill out this form to join the program

I have decided to join the VAX-Testing Program, to assist my clinic/hospital in monitoring the vaccination status of animals tested by my practice. Submitting this registration form is all that is required to qualify my clinic/hospital for VAX-Testing, and the one-time registration fee of \$25 will open my account for as many pet owners and animals as I care to submit under the program. There will be no additional charges or fees other than the standard test charges, which are the same as published in your Test & Fee Schedule.

*Check the appropriate box:*

- I do have an account with the Animal Health Diagnostic Laboratory.** I hereby authorize the Animal Health Diagnostic Laboratory to charge a one-time fee of \$25 to my account to cover the costs of maintaining database records, the serum bank, and all future reports.
- I do not yet have an account with the Animal Health Diagnostic Laboratory.** I will submit this registration form along with my initial sample submission to the Animal Health Diagnostic Laboratory. A billing account will then be established with my first accession, and a one-time only \$25 registration fee will be applied to my account.

*Confirm the following submission guidelines:*

- With each serum submission for the VAX program, I will clearly indicate "VAX-Testing" on the paperwork. There is a limit of one owner per accession form, although multiple animals can be submitted for that owner. I will identify these animals consistently from year to year.
- With the initial submission of each animal, I will include the brand of vaccine used for that animal's most recent vaccination and the date of vaccination, if available.
- I will submit a minimum of 0.5ml of serum for *each test requested*, if possible, to allow for sufficient serum to be included in the serum bank.

**Veterinarian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*Please print your clinic/hospital information here:*

Animal Health Diagnostic Lab Account No.(if you have one): \_\_\_\_\_ Phone No. \_\_\_\_\_

Vet/Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

***Print this form, complete it, and send it to the Animal Health Diagnostic Laboratory along with a sample submission.***