



University of Kentucky
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 Veterinary Diagnostic Laboratory
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Account Information Form

New Account Change Account

Business Name

Business Type Clinic Farm Lab Other

Reporting Address

Billing Address (if different)

Address 1

Address 1

Address 2

Address 2

City

City

State

State

Zip

Zip

Business Phone

Business Phone

Alternate Phone

Business Fax

Business Email

Default report delivery method?

U.S. Mail Fax Email
 Include Invoice w/ Final Report

Veterinarian Information (if applicable)

Name License Number State

Name License Number State

Name License Number State

Name License Number State

Name License Number State

Payment is due within 30 days of the billing date. Results will not be reported for delinquent accounts.

Signed By (signature) _____

Title _____

Signed By (print) _____

Date _____