

**Colorado State Veterinary Diagnostic Laboratory
Web User Account Request**

Date _____

Contact Name (First and Last) _____

Clinic Name **VTH**

Phone _____

Email Address _____

Pager _____

These are case sensitive:

Login ID (Up to 8 characters) ____ _

Password (Up to 8 characters) ____ _

Date of Graduation or end of Residency or Internship _____

Please print and return your completed form to the Diagnostic Lab Office

Attention: Carrie