

Investigator Profile



Tell Us About Your Veterinary Practice:

Clinic Name					
Street Address					
City		State		Zip	
Web Address					
Practice Type	<input type="checkbox"/> Small Animal	<input type="checkbox"/> Large Animal	<input type="checkbox"/> Other (describe): _____		Year Established
	<input type="checkbox"/> Cats only	<input type="checkbox"/> Equine only	_____		
# of Veterinarians:	_____	# of Vet Technicians:	_____	# of Active Clients:	_____

Tell Us About Yourself:

First Name		Last Name	
Email		Degree(s) Attained	<input type="checkbox"/> DVM <input type="checkbox"/> VMD <input type="checkbox"/> MS <input type="checkbox"/> PhD <input type="checkbox"/> _____
Phone			
What is your preferred method of contact?		<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail	
Have you participated in clinical studies before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
How soon are you ready to begin?		<input type="checkbox"/> Now! <input type="checkbox"/> 3-6 mos <input type="checkbox"/> 6 mos +	
May we send you an introductory package?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you prefer that we call you first?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Instructions: This form is a “fillable pdf”. With certain viewers, you will be able to enter information electronically, including selecting checkboxes where appropriate. Your viewer may not support this feature. In that case, please print and fill out by hand.

When you have completed filling out the form, print a copy and fax it to **(888) 379-3499**. No cover page is required. If you prefer, you can scan the completed document and send it as an e-mail attachment to dnash@healthieranimals.com