

REPOSITORY REGISTRATION FORM

I warrant that I am a Licensed Veterinarian and my details are as follows:

- 1. Full name:
- 2. Full address:
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- 3. State/Country (if outside Australia) of Licence:
- 4. Licence Number (if available)
- 5. Mobile Phone Number:
- 6. Email Address:
- 7. Business Phone Number:
- 8. Business Fax Number:
- 9. Name, Address of and Position at Veterinarian Practice:
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I acknowledge that MMS has the right to reject my Application for Registration for whatever reason.

I acknowledge that if I wish to register for on-line inspection access to data, images and X-Rays, that I must obtain a Username and Password from MMS and these are non-transferable.

I acknowledge that prior to executing this Repository Registration Form that I have carefully read and understood the current MMS Repository Conditions and the Standard Terms and Conditions of Sale contained in the Sales Catalogue.

Signature

Print Name

Date:

(This form can be faxed back to Magic Millions Repository – Attn Tracy Ramskill, Fax: 07-5531 7082 or scanned and emailed to tracyr@magicmillions.com.au)