

**ASTERIS KEYSTONE
ON LINE REPOSITORY REGISTRATION FORM**

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

1. Full name:

2. Full address:.....

3. State/Country (if outside NZ) 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:

.....
.....
.....

10. User Name:.....

11. Password:
(Password has to be 6 characters and include a capital letter)

I acknowledge that New Zealand Bloodstock 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 New Zealand Bloodstock and these are non-transferable.

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

Signature

Print Name.....

Date:

This form can be faxed back to New Zealand Bloodstock, Fax: +64 9 298 0506 or scanned and emailed to james.jennings@nzb.co.nz