

WESTERN BLOODSTOCK, LTD REPOSITORY
SALE NAME: _____

VETERINARY REGISTRATION FORM

U.S. Licensed Veterinarian:

Printed Name: _____

Name of Veterinary Practice: _____

Email Address: _____

Street Address: _____

License No.: _____ State: _____

City, State, Zip: _____

Mobile Phone Number: _____

Business Phone Number: _____

All veterinarians requesting a User Name and Password for use in the Western Bloodstock, Ltd Repository must sign this form and acknowledge the following:

1. I have read, understand, and agree to the Repository Rules.
2. I understand Owner is solely responsible for providing radiographs placed in the Repository on horses offered for sale.
3. I understand Western Bloodstock, Ltd is not responsible for any inaccuracy in or omission from radiographs in the Repository.
4. I am a United States licensed veterinarian.
5. I understand that User Names and Passwords are non-transferable and expire at the conclusion of each sale.
6. I understand that all radiographs contained in or obtained from the Repository are confidential.
7. **PRINTED OR ELECTRONIC DISTRIBUTION OF REPOSITORY FINDINGS AND PHOTOGRAPHS OF RADIOGRAPHS ARE PROHIBITED.**
- VIOLATION RESULTS IN REPOSITORY PRIVILEGES BEING REVOKED.

Signature

Date

For Office Use Only
User Name: _____
Password: _____