

# Triangle Sales: Veterinary Repository Registration Form

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**U.S. Licensed Veterinarian:**

Printed Name: \_\_\_\_\_ Name of Veterinary Practice: \_\_\_\_\_

Email Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

All veterinarians requesting a Username and Password for the use in the Triangle Sales 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 dba Triangle Sales 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 Usernames 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.

**PRINTED OR ELECTRONIC DISTRIBUTION OF REPOSITORY FINDINGS AND PHOTOGRAPHS OF MRADIOGRAPHS ARE PROHIBITED.  
VIOLATION RESULTS IN REPOSITORY PRIVILEGES BEING REVOKED.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

Username: \_\_\_\_\_

Password: \_\_\_\_\_