

Triangle Sales: Veterinary Repository Registration Form

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: _____

*** *When completed, please submit this form to*

radiographs@trianglehorsesales.net* **