



GlobalVetLink

Clinic/Lab Name: _____

Your Phone #: _____

All accounts must provide the information requested below and fax form back to:

GlobalVetLink | Attn Customer Support | Fax 509.267.0396

or scan and email to info@globalvetlink.com

By signing below, I _____ (print name) agree to allow GlobalVetLink to keep my signature on record for inclusion in GVL's eHealth Certificate System. I understand that my electronic signature is the legally binding equivalent of a handwritten signature.

1. Please sign your name IN THE OPEN SPACE BELOW as you would like your signature to appear on your eHealth certificates.

Date Signed: _____

2. Please choose the user name and password that you would like to use. Be sure to keep a reference of both for future use. For verification purposes, you will need to use both your user name and password whenever entering the GVL eHealth system.

User Name: _____

No limit on number of characters but please do not use the # or @ characters.

Please print username clearly and make any capital letters obvious.

Password: _____

Must be at least 7 characters and include at least one number and one special character (such as an asterisk but please do not use the # or @ characters).

Please print password clearly and make any capital letters obvious.

3. IF A VETERINARIAN - Please provide us with your current Federal Accreditation Number and State License Number:

Federal Accreditation Number: _____

State License Number: _____

PLEASE RETURN THIS FORM TO GLOBALVETLINK PRIOR TO YOUR TRAINING FOR THE SYSTEM.