

# Petsafe Database access information form:

Clinic Name \_\_\_\_\_

Billing Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

Clinic Email \_\_\_\_\_ Website \_\_\_\_\_

**Please nominate a veterinarian that will have access to update Petsafe clinic information.**

Vets Name \_\_\_\_\_

Vet Rego No. \_\_\_\_\_ Implanter No. (if applicable) \_\_\_\_\_

Vets Email (for password recovery) \_\_\_\_\_

Do you also practice at another vet clinic? Clinic Name. \_\_\_\_\_

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**Please list all other veterinarians in your clinic that will need access to Petsafe.**

Vets Name \_\_\_\_\_

Vet Rego No. \_\_\_\_\_ Implanter No. (if applicable) \_\_\_\_\_

Vets Email (for password recovery) \_\_\_\_\_

Do you also practice at another vet clinic? Clinic Name. \_\_\_\_\_

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Vets Name \_\_\_\_\_

Vet Rego No. \_\_\_\_\_ Implanter No. (if applicable) \_\_\_\_\_

Vets Email (for password recovery) \_\_\_\_\_

Do you also practice at another vet clinic? Clinic Name. \_\_\_\_\_

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Vets Name \_\_\_\_\_

Vet Rego No. \_\_\_\_\_ Implanter No. (if applicable) \_\_\_\_\_

Vets Email (for password recovery) \_\_\_\_\_

Do you also practice at another vet clinic? Clinic Name. \_\_\_\_\_

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Vets Name \_\_\_\_\_

Vet Rego No. \_\_\_\_\_ Implanter No. (if applicable) \_\_\_\_\_

Vets Email (for password recovery) \_\_\_\_\_

Do you also practice at another vet clinic? Clinic Name. \_\_\_\_\_

