

**ASTERIS – ON LINE REPOSITORY REGISTRATION FORM**

I warrant that I am a Licensed Veterinarian and my details are as follows:

- 1. Full name: .....
- 2. Full address: .....  
.....
- 3. State/Country (if outside Australia) of Licence:
- 4. Licence Number (if available) .....
- 5. Mobile Phone Number: .....
- 6. Email Address: .....
- 7. Business Phone Number: .....
- 8. Business Fax Number: .....
- 9. Name, Address of and Position at Veterinarian Practice:  
.....  
.....
- 10. User Name.....
- 11. Password.....  
  
(Password has to be 6 characters and include a capital letter)

I acknowledge that MMS has the right to reject my Application for Registration for whatever reason.

I acknowledge that if I wish to register for on-line inspection access to data, images and X-Rays, that I must obtain a Username and Password from MMS and these are non-transferable.

I acknowledge that prior to executing this Repository Registration Form that I have carefully read and understood the current MMS Repository Conditions and the Standard Terms and Conditions of Sale contained in the Sales Catalogue.

Signature .....

Print Name .....

Date: .....

Please return signed form to [repository@magicmillions.com.au](mailto:repository@magicmillions.com.au) or [kylie@magicmillions.com.au](mailto:kylie@magicmillions.com.au)