



**ASTERIS KEYSTONE  
ONLINE 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 NZ) of Licence: \_\_\_\_\_

4. Licence Number (if available): \_\_\_\_\_

5. Mobile Phone Number: \_\_\_\_\_

6. Email Address: \_\_\_\_\_

7. Business Phone Number: \_\_\_\_\_

8. Name, Address of and Position at Veterinarian Practice:

\_\_\_\_\_  
\_\_\_\_\_

9. User Name: \_\_\_\_\_

(Username must be unique to NZB and not used with another repository registration)

10. Password: \_\_\_\_\_

(Password has to be 6 characters and include a capital letter)

I acknowledge that New Zealand Bloodstock 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 New Zealand Bloodstock and these are non-transferable.

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

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_\_

**This form can be emailed to [repos@nzb.co.nz](mailto:repos@nzb.co.nz)**