# Clinic Integration Enrolment Form

## Integration Partner Information

Partner Business Name: VETNOTES PTY LTD

Partner Contact: MITCHELL SIGLEY

Partner Application/Program: VETNOTES

## Practice Information

Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Clinic Contact *(Clinic’s Owner and/or Practice Manager)*

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Practice Requirements

| Practice Management software: Minimum version:  |
| --- |

Current (installed) version of Choose an item.:

By signing this form, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ represent and warrant that I am the Practice’s Owner and/or Practice Manager. I acknowledge and agree that it is the responsibility of the Integration Partner to obtain any necessary consents from the Practice in order to use Practice Data for the purpose of providing the Integration Partner’s integration and connectivity to the Practice. Covetrus shall have no liability whatsoever with respect to the use of Practice Data by the Integration Partner.

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

Please return completed form to customersuccessapac@covetrus.com.