

PROVET CONNECT USER APPLICATION FORM

(Private & Confidential)



A covetrus Company

PRACTICE INFORMATION	
Account Number	Practice Name
Account Number	Practice Name
Account Number	Practice Name
Provet Branch (Location)	Do you currently have a scanner(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Users to have access: [Please provide details for each User on page 2]	
AUTHORISER'S DETAILS - To be completed by an authorised veterinarian	
First Name	Last Name
Position	Date of Birth (dd/mm/yyyy)
Phone	Email
<ul style="list-style-type: none"> By signing this form I understand and agree that Provet shall not incur any liability whatsoever whether in negligence or otherwise to me and/or to any other person for providing online access in accordance with this application I authorise Provet to contact me and/or the users advised on page 2 to confirm authentication of this application I acknowledge and accept that I have the authority to act on behalf of the above mentioned practice(s) Note: It is the responsibility of the authorised veterinarian to advise Provet when access to an account needs to be deactivated. 	
Signature	Date (dd/mm/yyyy)
Do you require access to Provet Connect?	
If yes, please select access required:	
My Account <input type="checkbox"/> Account Balances <input type="checkbox"/> Transaction History <input type="checkbox"/> Statements <input type="checkbox"/> Make A Payment <input type="checkbox"/> Backorders My Rewards <input type="checkbox"/> View My Rewards My Inventory <input type="checkbox"/> Use My Inventory <input type="checkbox"/> Send Orders <input type="checkbox"/> Integration Access (for VPMS) My Stocktake* <input type="checkbox"/> Use My Stocktake* <input type="checkbox"/> Complete Stocktake*	
<i>*Requires additional approval. Please discuss access with your Provet Business Account Manager.</i>	
OFFICE USE ONLY - To be completed by Accounts. BAMS can initial to confirm that verification has been done	
Authoriser's ID (if required)	Password
User ID 1	Password
User ID 2	Password
User ID 3	Password
<input type="checkbox"/> Contacted authorised veterinarian for confirmation. <input type="checkbox"/> Sent email with link to Provet Connect and User ID to all Users	<input type="checkbox"/> Contacted all Users for verification & notification of password <input type="checkbox"/> Sent internal notification email
Name of Staff	
Signature	Date (dd/mm/yyyy)

Please complete the details for each User on page 2 and direct completed applications to your nominated branch:

AUSTRALIAN BRANCHES:
www.provet.com.au

BRISBANE – Provet QLD
Ph: 07 3621 6000
Fax: 07 3621 6099
Email: sales-qld@provet.com.au

TOWNSVILLE – Provet North QLD
Ph: 07 4729 3200
Fax: 07 4774 7270
Email: sales-tvl@provet.com.au

HOBART – Provet Tasmania
Ph: 03 6232 9000
Fax: 03 6248 5229
Email: sales-tas@provet.com.au

NEWCASTLE – Provet VMS
Ph: 02 4902 6688
Fax: 02 4047 0881
Email: adminnsw@provet.com.au

MELBOURNE – Provet Victoria
Ph: 03 9540 5700
Fax: 03 9540 5777
Email: sales-vic@provet.com.au

WAGGA – Provet Riverina
Ph: 02 6921 4799
Fax: 02 5924 5207
Email: adminnsw@provet.com.au

ADELAIDE – Provet SA/NT
Ph: 08 8154 5455
Fax: 08 8234 3672
Email: sales-sa@provet.com.au

SYDNEY – Provet NSW
Ph: 02 8867 5144
Fax: 02 9199 6599
Email: adminnsw@provet.com.au

PERTH – Provet WA
Ph: 08 9241 8400
Fax: 08 9248 2989
Email: sales-wa@provet.com.au

NEW ZEALAND BRANCHES:
Provet NZ Pty Ltd
www.provet.co.nz

AUCKLAND
Ph: 09 920 4440
Fax: 09 920 4459
Email: sales@provet.co.nz

PALMERSTON NORTH
Ph: 06 355 5454
Fax: 06 355 5014
Email: sales@provet.co.nz

CHRISTCHURCH
Ph: 03 338 7400
Fax: 03 338 3088
Email: sales@provet.co.nz

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Please provide the following details for each User. If more than 3 users are required, please print this page multiple times (as required) and submit all User details with your application.

USER 1 DETAILS	
First Name	Last Name
Position	Date of Birth (dd/mm/yyyy)
Practice Name	
Phone	Mobile (if applicable)
Email address	
Signature	Date (dd/mm/yyyy)
Please select access required:	
My Account	<input type="checkbox"/> Account Balances <input type="checkbox"/> Transaction History <input type="checkbox"/> Statements <input type="checkbox"/> Make A Payment <input type="checkbox"/> Backorders
My Rewards	<input type="checkbox"/> View My Rewards
My Inventory	<input type="checkbox"/> Use My Inventory <input type="checkbox"/> Send Orders <input type="checkbox"/> Integration Access (for VPMS)
My Stocktake*	<input type="checkbox"/> Use My Stocktake* <input type="checkbox"/> Complete Stocktake*

USER 2 DETAILS	
First Name	Last Name
Position	Date of Birth (dd/mm/yyyy)
Practice Name	
Phone	Mobile (if applicable)
Email address	
Signature	Date (dd/mm/yyyy)
Please select access required:	
My Account	<input type="checkbox"/> Account Balances <input type="checkbox"/> Transaction History <input type="checkbox"/> Statements <input type="checkbox"/> Make A Payment <input type="checkbox"/> Backorders
My Rewards	<input type="checkbox"/> View My Rewards
My Inventory	<input type="checkbox"/> Use My Inventory <input type="checkbox"/> Send Orders <input type="checkbox"/> Integration Access (for VPMS)
My Stocktake*	<input type="checkbox"/> Use My Stocktake* <input type="checkbox"/> Complete Stocktake*

USER 3 DETAILS	
First Name	Last Name
Position	Date of Birth (dd/mm/yyyy)
Practice Name	
Phone	Mobile (if applicable)
Email address	
Signature	Date (dd/mm/yyyy)
Please select access required:	
My Account	<input type="checkbox"/> Account Balances <input type="checkbox"/> Transaction History <input type="checkbox"/> Statements <input type="checkbox"/> Make A Payment <input type="checkbox"/> Backorders
My Rewards	<input type="checkbox"/> View My Rewards
My Inventory	<input type="checkbox"/> Use My Inventory <input type="checkbox"/> Send Orders <input type="checkbox"/> Integration Access (for VPMS)
My Stocktake*	<input type="checkbox"/> Use My Stocktake* <input type="checkbox"/> Complete Stocktake*

Please direct completed application to your nominated branch (branch details provided on page 1).

***Requires additional approval. Please discuss access with your Provect Business Account Manager.**