

# PROVET CONNECT USER APPLICATION FORM

(Private & Confidential)

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 - <i>To be completed by an authorised veterinarian</i>	
First Name	Last Name
Position	Date of Birth (dd/mm/yyyy)
Phone	Email
<ul style="list-style-type: none"> <li>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</li> <li>I authorise Provet to contact me and/or the users advised on page 2 to confirm authentication of this application</li> <li>I acknowledge and accept that I have the authority to act on behalf of the above mentioned practice(s)</li> <li><b>Note:</b> It is the responsibility of the authorised veterinarian to advise Provet when access to an account needs to be deactivated.</li> </ul>	
Signature	Date (dd/mm/yyyy)
Do you require access to Provet Connect? If yes, please select access required: <b>My Account</b> <input type="checkbox"/> Account Balances <input type="checkbox"/> Transaction History <input type="checkbox"/> Statements <input type="checkbox"/> Make A Payment <input type="checkbox"/> Backorders <input type="checkbox"/> Update Address <b>My Rewards</b> <input type="checkbox"/> View My Rewards <b>My Inventory</b> <input type="checkbox"/> Use My Inventory <input type="checkbox"/> Send Orders <input type="checkbox"/> Integration Access (for VPMS) <input type="checkbox"/> Back Order Management <b>My Stocktake</b> <input type="checkbox"/> Use My Stocktake <input type="checkbox"/> Complete Stocktake	
OFFICE USE ONLY - <i>To be completed by Accounts. BAMS can initial to confirm that verification has been done</i>	
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"/> Contacted all Users for verification & notification of password <input type="checkbox"/> Sent email with link to Provet Connect and User ID to all Users <input type="checkbox"/> Sent internal notification email	
Name of Staff	
Signature	Date (dd/mm/yyyy)

Please direct completed forms to [provetcadmin@provet.com.au](mailto:provetcadmin@provet.com.au)

Australian Contacts – Provet Pty Ltd

**Brisbane**

Ph: 07 3621 6000 / Fax: 07 3621 6099

**Townsville**

Ph: 07 4729 3200 / Fax: 07 4774 7270

**Hobart**

Ph: 03 6232 9000 / Fax: 03 6248 5229

**Newcastle / Sydney**

Ph: 02 8867 5144 / Fax: 02 9199 6599

**Melbourne**

Ph: 03 9540 5700 / Fax: 03 9540 5777

**Perth**

Ph: 08 9241 8400 / Fax: 08 9248 2989

**Adelaide/Darwin**

Ph: 08 8154 5455 / Fax: 08 8234 3672

# PROVET CONNECT USER APPLICATION FORM

(Private & Confidential)

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:	
<b>My Account</b>	<input type="checkbox"/> Account Balances <input type="checkbox"/> Transaction History <input type="checkbox"/> Statements <input type="checkbox"/> Make A Payment <input type="checkbox"/> Backorders <input type="checkbox"/> Update Address
<b>My Rewards</b>	<input type="checkbox"/> View My Rewards
<b>My Inventory</b>	<input type="checkbox"/> Use My Inventory <input type="checkbox"/> Send Orders <input type="checkbox"/> Integration Access (for VPMS) <input type="checkbox"/> Back Order Management
<b>My Stocktake</b>	<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:	
<b>My Account</b>	<input type="checkbox"/> Account Balances <input type="checkbox"/> Transaction History <input type="checkbox"/> Statements <input type="checkbox"/> Make A Payment <input type="checkbox"/> Backorders <input type="checkbox"/> Update Address
<b>My Rewards</b>	<input type="checkbox"/> View My Rewards
<b>My Inventory</b>	<input type="checkbox"/> Use My Inventory <input type="checkbox"/> Send Orders <input type="checkbox"/> Integration Access (for VPMS) <input type="checkbox"/> Back Order Management
<b>My Stocktake</b>	<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:	
<b>My Account</b>	<input type="checkbox"/> Account Balances <input type="checkbox"/> Transaction History <input type="checkbox"/> Statements <input type="checkbox"/> Make A Payment <input type="checkbox"/> Backorders <input type="checkbox"/> Update Address
<b>My Rewards</b>	<input type="checkbox"/> View My Rewards
<b>My Inventory</b>	<input type="checkbox"/> Use My Inventory <input type="checkbox"/> Send Orders <input type="checkbox"/> Integration Access (for VPMS) <input type="checkbox"/> Back Order Management
<b>My Stocktake</b>	<input type="checkbox"/> Use My Stocktake <input type="checkbox"/> Complete Stocktake

Please direct completed forms to [provetcadmin@provet.com.au](mailto:provetcadmin@provet.com.au)