



In order for an account to be activated, each veterinarian must provide the following information and send it to GVL via Fax (515.817.5702) or Email (gvlsupport@globalvetlink.com) prior to your system training.

Completely and legibly fill out this form

Clinic Name: _____

Clinic Phone Number: _____

Clinic Address: _____

Check Box if same as Clinic Address _____

E-Signature

By signing below, I _____ (print name) agree to allow GlobalVetLINK to keep my signature on record for inclusion in GVL's eHealth Certificate System. I understand that my electronic signature is the legally binding equivalent of a handwritten signature.

Please sign your name **IN THE OPEN SPACE BELOW** as you would like your signature to appear on your eHealth certificates.

Date Signed: _____

Username & Email

Choose a username and email for this veterinarian's account. This information will be used for verification purposes when you log into the GVL eHealth Certificate System. Be sure to keep a reference of both for future use.

Username: _____

Username must not exceed twenty characters in length. Cannot use the # sign. Please write clearly and make any capital letters obvious.

Email: _____

Please write clearly and make any capital letters obvious.

Accreditation & License Number

Please provide your current Federal Accreditation Number and State License Numbers.

Federal Accreditation Number: _____

State License

License #	State of Licensure	License #	State of Licensure
License #	State of Licensure	License #	State of Licensure
License #	State of Licensure	License #	State of Licensure