

Repository Registration Form

By submitting this registration form, you represent, warrant and certify that you are duly licensed to practice veterinary medicine in the state in which you reside and any state(s) in which you are currently engaged in the practice of veterinary medicine and require a license. You agree to indemnify and hold harmless Keeneland and all participants in the sale for any claim or loss as a result of a breach of the aforestated representation, warranty and certification.

Please email completed form to awhalen@keeneland.com

Date _____

Name _____

Email Address _____

Address _____

City, State, Zip _____

Farm Affiliation (if any) _____

Mobile Phone _____

Work Phone _____

Are you a veterinarian? Yes No

If yes, please fill out the following information.

Veterinarian Firm _____

Kentucky License Number _____

Other State(s) Licensed In _____
