



# GVL Digital Signature Form

In order to activate your account, you must complete and fax or email this form to GVL before your system training. Fax: 515-817-5702. Email: [gvlsupport@globalvetlink.com](mailto:gvlsupport@globalvetlink.com). **Please write clearly and complete the entire form.**

Clinic / Hospital Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Federal Accreditation Number: \_\_\_\_\_

State License	_____	_____	_____	_____
	License #	State/Province of Licensure	License #	State/Province of Licensure
	_____	_____	_____	_____
	License #	State/Province of Licensure	License #	State/Province of Licensure
	_____	_____	_____	_____
	License #	State/Province of Licensure	License #	State/Province of Licensure
	_____	_____	_____	_____

Write the username and email address that will be used to log into your GVL account. Save this information for future reference. Username must not exceed twenty characters in length and may not include the “#” symbol. **Please write clearly and make any capital letters obvious.**

Username \_\_\_\_\_

Email \_\_\_\_\_

By signing below, I \_\_\_\_\_ (print full name) agree to allow GVL to keep my signature on record for inclusion in GVL’s System. I understand that my electronic signature is the legally binding equivalent of a handwritten signature. Date Signed \_\_\_\_\_.

**Sign your name in the space below as you would like it to appear on digital documents/certificates, leaving white space on all sides of your signature.**

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