

ADRDL VADDS password request form

To obtain your veterinary clinic or individual personalized security code and password, complete this form and return by mail or fax to:

ADRDL
Box 2175, SDSU
Brookings, SD 57007 – 1396
Phone: (605) 688-5171
Fax: (605) 688-6003

Clinic login*? Yes No

Individual login*? Yes No

(* if a password change is required at a later date, please contact our office.)

Veterinary Clinic's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Veterinarians currently at this Clinic:
(Last Name)

(First Name)

Veterinary Clinic's Authorization Signature

ADRDL Office Use Only:

User Code: _____

Password: _____

Effective Date: _____