**Animal Health Data**

**ABN 55 065 153 540**

**E:** **data@animalhealthdata.com.au**

**M: 0429 023 889**

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**MSA Authorisation Form**

**[Date]**

The Manager

Animal Health Data

177 Bennetts Road,

NORMAN PARK QLD 4170

data@animalhealthdata.com.au

I, **[NAME]**, as the Authorised Representative for **[FEEDLOT]** provide authorisation for Animal Health Data to access the MSA database on behalf of **[FEEDLOT]** for the limited and exclusive purpose of data analysis within the Animal Health database.

The data obtained from the MSA database related to **[FEEDLOT]** shall not be provided to any third party by Animal Health Data without my written authorisation.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of **[FEEDLOT]**. Date: \_\_\_\_/\_\_\_\_/2019