

# Membership Application Form

Administered by The Animal Health Care Company



## About your pet

Is your pet a  Dog  Cat  Rabbit

Your pet's name \_\_\_\_\_

Date of birth \_\_\_\_\_  Male  Female

Breed type \_\_\_\_\_

## To be completed by veterinary practice

Patient ID \_\_\_\_\_ Client ID \_\_\_\_\_

Plan Code \_\_\_\_\_ Branch \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

## About you

Title (Mr/Mrs/Miss/Ms) \_\_\_\_\_ Surname \_\_\_\_\_ Other names \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact telephone number \_\_\_\_\_ E-MAIL address: \_\_\_\_\_

## Amount you are paying

I agree that the following monthly payments as detailed below can be collected from my bank account:

Monthly payments of £  (inc. VAT)

You will be notified in writing of your collection dates. If you have a preferred day of the month for your membership contribution please enter it into this box:

## Declaration and signature

I declare that the information I have given in this application is true and complete. I accept the terms and conditions issued by the Animal Health Care Company Ltd for the provision of the agreed routine healthcare plan from the Veterinary Practice named on this application. I am 18 years old or over.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### DATA PROTECTION

We will store your details on computer to administer your membership plan but will not keep them longer than necessary. We may use your details to support the development of our business by including them in customer surveys. Under the Data Protection Act, you are entitled to a copy of the information we hold about you and we are entitled to ask you to pay for this.

We may also provide you with information about products and services of selected companies we believe may interest you. If you do not want to know about these products and services please tick this box:

## Instruction to your Bank or Building Society to pay Direct Debits.



The Animal Healthcare Company Ltd, 4 Bridge Road Business Park, Haywards Heath, West Sussex RH16 1TX

1. Name and full postal address of your Bank or Building Society Branch.

To: The Manager \_\_\_\_\_

Bank or Building Society \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Originator's Identification Number

8  3  7  4  7  3

2. Name(s) of account holder(s) \_\_\_\_\_

3. Bank Sort Code (from the top right corner of your cheque) \_\_\_\_\_

4. Bank or Building Society A/C Number (normally 8 digits) \_\_\_\_\_

5. The ANIMAL HEALTH CARE reference (for office use only) \_\_\_\_\_

6. Instruction to your Bank or Building Society

Please pay Animal Health Care Limited Direct Debits from the account detailed on this Instruction subject to safeguards assured by the Direct Debit Guarantee. I understand that the instruction may remain with Animal Health Care Limited and if so, details will be passed electronically to my Bank/Building Society.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Banks and Building Societies may not accept Direct Debit Instructions from some types of account.