

Membership Application Form

Administered by The Animal Health Care Company

About your pet	
Is your pet a	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Rabbit
Your pet's name	_____
Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Breed type	_____

To be completed by veterinary practice	
Plan Code/Patient ID	_____
Branch	Post Code
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
<input type="text"/> x monthly payments of £ <input type="text"/> (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: <input type="text"/>

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.



Originator's Identification Number

8 3 7 4 7 3

Please fill in the whole form and send it to: 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

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

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

<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
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4. Bank or Building Society A/C Number
(normally 8 digits)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.

Your Payment Plan is administered by

THE ANIMAL HEALTHCARE COMPANY LTD,
4 Bridge Road Business Park, Bridge Road, Haywards Heath,
West Sussex RH16 1TX

General Plan Notes & Conditions

1. The cost, content and delivery of the goods and/or services paid for by this Plan is agreed between you and your Supplier.
2. Your Plan only remains in force if you pay your monthly instalments, without default.
3. If you need to change any collection dates, contact us THREE working days prior to the due date. We will not charge for this amendment. However, you will be charged an administration charge of £10 if any of your direct debit instalments are returned to us unpaid.
4. If your Plan is an annual contract it will be automatically renewed by us. This renewal will be subject to a one off charge of £1.50. This charge will be added to your direct debit schedule for collection. If you wish NOT to renew for a subsequent year, then you should notify us 21 days prior to your expiry date.
5. You MUST be over 18 years of age.
6. The Plan is not transferable.
7. There is no insured benefit. THIS IS NOT AN INSURANCE POLICY.

Cancellation

This Plan may be cancelled at any time at your written request. Upon cancellation, you will be liable to settle the difference between the total cost of the goods and/or services received by you less the total amount collected by us. Any outstanding balances MUST be paid within 10 days upon our request.

The Plan may also be cancelled at any time at the written request of your Supplier or by us.

Complaints Procedure

Should you have any cause for complaint on any aspect of the administration of your direct debit, you should contact:-

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

Telephone: 0844 800 8548
Fax: 01273 371069
Email: info@animal-healthcare.co.uk

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit The Animal Healthcare Company Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request The Animal Healthcare Company Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by The Animal Healthcare Company Ltd or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when The Animal Healthcare Company Ltd asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.