

# Membership Application Form

Administered by The Animal Health Care Company



**MANOR**  
VETERINARY CLINIC

## 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.



Originator's Identification Number

8 3 7 4 7 3

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)

-  -

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.

## General Plan Terms and conditions:

Your Payment Plan is administered by THE ANIMAL HEALTHCARE COMPANY LTD, 4 Bridge Road Business Park, Bridge Road, Haywards Heath, West Sussex RH16 1TX

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. There is no insured benefit. THIS IS NOT AN INSURANCE POLICY.
4. Pet Health Plan only applies to the named pet on the Registration Form overleaf and is not transferable between pets.
5. The scheme is payable by direct debit instalments at the prices noted in the Registration Form. Payments will be managed by 'Animal Healthcare' on behalf of Independent Vetcare Ltd. You will be required to complete and sign the form overleaf required by Animal Healthcare, including the Direct Debit mandate form. Once we have received confirmation that your banking details are correct your Pet Health Plan will be activated and the contract between you and us will be formed. We will provide you with notice of the activation date.
6. We may terminate this contract if you fail to make payments due under it (in accordance with clause 5 ) or if, in our reasonable opinion; you (and/or any person who brings the pet to us in relation to the Services) are aggressive and/or abusive to any of our staff.
7. This contract is for a minimum of term of 12 months from the date beside your signature in the declaration box on the application form ( the anniversary date) and, unless you give written notice to terminate it shall continue for successive 12 month periods
8. You MUST be over 18 years of age.

9. If Animal Health Care is unable, because of a default by you, to collect a payment they will inform you accordingly and will attempt to collect the failed payment having given you adequate notice in writing of the new payment date. If you default on two successive payments, Animal Health Care will inform you your Plan has been subsequently cancelled.

10. The Plan is not transferable

### Cancellation

If you cancel at any time other than on the anniversary date (see Clause 7) you will be required to pay us the outstanding amount for any treatment received at the full list price or if payment is monthly the direct debit fee pro rata until the anniversary date, whichever is the lower. You must give at least one month's advance notice of your wish to terminate your Pet Health Plan. We will advise you of your last direct debit payment

### 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  
RH161TX  
Telephone: 0844 800 8548  
Fax: 01273 371069  
Email: [info@animal-healthcare.co.uk](mailto: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.