

# 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	
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 £ <input type="text"/> (inc. VAT)
Your first direct debit payment will be collected on the next available preferred collection date as entered into this box or 1 month from the start of your plan if no date is selected. <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

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.

## Terms & Conditions – Your Pet Health Club

These terms and conditions, the Membership Application Form and the Information Leaflet together form the basis of your contract with us (“Terms”). These Terms are important and we strongly advise that you read through them carefully and keep them in a safe place, so that you can refer to them in the future.

Your Plan is administered by THE ANIMAL HEALTHCARE COMPANY LTD, 4 Bridge Road Business Park, Bridge Road, Haywards Heath, West Sussex RH16 1TX Tel: 0844 800 8548 Email: info@animal-healthcare.co.uk.

1. Treatment Your Pet is entitled to – The treatment paid for by Your Plan entitles the pet(s) you name on your Membership Application Form (“Your Pet”) to receive routine preventative healthcare, services and treatments required to maintain Your Pet’s health, as prescribed by Your Vet (as named on the application form) and as described in the Information Leaflet (“Treatment”).

2. Any additional healthcare, services or treatments which are not included in Your Plan will incur an additional charge which is payable separately by you to Your Vet.

3. Treatment by another veterinary practice – Your Plan entitles Your Pet to receive the described products and services at Your Vet only. If you choose to take Your Pet to have healthcare, services or treatments provided by a veterinary practice other than Your Vet, then these services will not be covered by Your Plan.

4. If you need to change the date for payment collection, you should contact Animal Health Care by telephone or e-mail at least THREE working days prior to the due date for collection. We will not charge you to change your due date for collection.

5. By entering into Your Plan you are agreeing to pay Your Vet the initial joining fee followed by 11 equal monthly payments by direct debit. If you do not pay your monthly instalments, without default, we reserve the right to terminate Your Plan and obtain from you a sum equal to the difference between the full retail value of Treatments received at and the value of the payments already made by you.

6. Non-payment – If any of your direct debit payments are returned to us unpaid by your bank, we will inform you and will arrange a subsequent attempt to collect the payment from your bank account. If this happens, we will charge you an administration fee of £10.

7. Non-payment of two or more fees – If two or more attempts to collect your direct debit payments are returned to us unpaid by your bank, we reserve the right to terminate Your Plan and obtain any unpaid amounts for Treatments Your Pet has received directly from you.

8. You must pay the monthly direct debit payments until either all of the monthly instalments have been paid by you or until Your Plan is terminated in accordance with clause 7 above. We will not refund fees paid or payable by you except in the case of our administrative error.

9. Your Plan is an annual contract and we will write to you no later than 21 days prior to the expiry of Your Plan to offer you continuation terms on behalf of Your Vet. If you do NOT wish to renew Your Plan for a subsequent year, then you should notify us at least 7 days prior to your expiry date. Otherwise, we will assume you want to continue with Your Plan and we will renew it accordingly. There is a £1.50 administration fee for the renewal service which will be added to the first collection due after your renewal date.

10. If you fail to keep up with the payments under Your Plan, we will terminate it in accordance with clause 7 above.

11. You MUST be over 18 years of age.

12. Your Plan is not transferable.

13. THIS IS NOT AN INSURANCE POLICY.

14. These Terms are subject to English law.

15. You are responsible for ensuring Your Pet attends Your Vet regularly and that you comply with the advice and treatment your veterinary practice prescribes for Your Pets.

16. If your personal details change, you should notify Your Vet immediately.

17. If Your Pet is lost or deceased, you should notify Your Vet who will contact us to cancel Your Plan.

18. If you have any problems with the administration of Your Plan or if you have any questions about these Terms, please contact us on 0844 800 8548 or info@animal-healthcare.co.uk.

19. If you are unhappy with the Treatment or any aspect of Your Pet’s veterinary care, you should contact Your Vet whose contact details appear on the Membership Application Form.

20. Animal Health Care will use the information you have provided to administer Your Plan. We will not give your personal information to any third party (except Your Vet) unless we are under a legal obligation to do so.

### 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.