Membership Application Form

Healthcare Plan Administered by Easy Direct Debits re Independent Vetcare Limited

Name:										
Please complete the following information in CAPITALS Title: Mr Mrs Ms Miss Other First Name: Surname: Address: Postcode: Telephone: Mobile: Email address: How did you hear about our healthcare plan? [Office use only] Client reference: YOUR PET'S / PETS' DETAILS: If you have more than three pets to jelease ask at reception for another for Name: Species: Dog / Cat / Rabbit Dog /	Practice Name / Sur	rgery:								
First Name: Surname: Address: Address: Postcode: Telephone: Email address: How did you hear about our healthcare plan? [Office use only] Client reference: YOUR PET'S / PETS' DETAILS: Please complete the following information in CAPITALS If you have more than three pets to jo please ask at reception for another for please ask at reception for another for Name: Species: Dog / Cat / Rabbit Plan: Monthly fee: Start date: Pet reference: PLEASE SIGN HERE Your practice has terms and conditions of joining the healthcare plan, and separate information which explains whincluded when you join. Please sign to confirm that you have read and understood those terms, and that you would like to join for the benefits particular and support to the pet(s) named above. Your signature: Date:		following info	rmation in	CAPITALS						
Surname: Address: Telephone: Email address: How did you hear about our healthcare plan? [Office use only] Client reference: YOUR PET'S / PETS' DETAILS: Please complete the following information in CAPITALS If you have more than three pets to j please ask at reception for another for please ask at reception for another for strength of the please ask at reception for another for please ask at reception for another for please ask at reception for another for strength of the please ask at reception for another for ple	Title:	Mr M	1rs	Ms	Miss	Other				
Address: Postcode: Postcode: Postcode: Postcode: Postcode: Postcode:	First Name:									
Telephone: Mobile:	Surname:									
Telephone: Email address: How did you hear about our healthcare plan? [Office use only] Client reference: YOUR PET'S / PETS' DETAILS: Please complete the following information in CAPITALS If you have more than three pets to journal please ask at reception for another for Name: Species: Dog / Cat / Rabbit Plan: Monthly fee: Start date: Pet reference: PLEASE SIGN HERE Your practice has terms and conditions of joining the healthcare plan, and separate information which explains which included when you join. Please sign to confirm that you have read and understood those terms, and that you would like to join for the bend the pet(s) named above. Your signature: Date:	Address:									
Email address: How did you hear about our healthcare plan? [Office use only] Client reference: YOUR PET'S / PETS' DETAILS: Please complete the following information in CAPITALS If you have more than three pets to jour please ask at reception for another for Name: Species: Dog / Cat / Rabbit Plan: Monthly fee: Start date: Pet reference: PLEASE SIGN HERE Your practice has terms and conditions of joining the healthcare plan, and separate information which explains whincluded when you join. Please sign to confirm that you have read and understood those terms, and that you would like to join for the benefite pet(s) named above. Your signature: Date:							Postcoc	le:		
How did you hear about our healthcare plan? [Office use only] Client reference: [Office use only] Staff Member: YOUR PET'S / PETS' DETAILS: Please complete the following information in CAPITALS If you have more than three pets to j please ask at reception for another for please ask at reception for another for name: Species: Dog / Cat / Rabbit Dog / Cat / Rabbit Dog / Cat / Rabbit [Office use only] Weight: Plan: Monthly fee: Start date: Pet reference: PLEASE SIGN HERE Your practice has terms and conditions of joining the healthcare plan, and separate information which explains whincluded when you join. Please sign to confirm that you have read and understood those terms, and that you would like to join for the benefite pet(s) named above. Your signature: Date:	Telephone:					Mobile:				
Coffice use only] Client reference: YOUR PET'S / PETS' DETAILS: Please complete the following information in CAPITALS If you have more than three pets to j please ask at reception for another for nother for	Email address:									
Staff Member:	How did you hear	about our h	ealthcare	plan?						
Please complete the following information in CAPITALS 1st Pet 2nd Pet 3rd Pet								/	/	
Name: Species: Dog / Cat / Rabbit Dog / Cat / Rabbit Dog / Cat / Fabbit Dog / Cat / Fabb				CAPITALS						
Species: Dog / Cat / Rabbit Dog			1s	t Pet		2nd	Pet		3rd Pet	
[Office use only] Weight: Plan: Monthly fee: Start date: Pet reference: PLEASE SIGN HERE Your practice has terms and conditions of joining the healthcare plan, and separate information which explains which included when you join. Please sign to confirm that you have read and understood those terms, and that you would like to join for the benefite pet(s) named above. Your signature: Date:	Name:									
Weight: Plan: Monthly fee: Start date: Pet reference: PLEASE SIGN HERE Your practice has terms and conditions of joining the healthcare plan, and separate information which explains whincluded when you join. Please sign to confirm that you have read and understood those terms, and that you would like to join for the benethe pet(s) named above. Your signature: Date:	Species:		Dog / Cat / Rabbit		oit	Dog / Cat / Rabbit		Dog / Cat / Rabbit		oit
Plan: Monthly fee: Start date: Pet reference: PLEASE SIGN HERE Your practice has terms and conditions of joining the healthcare plan, and separate information which explains which included when you join. Please sign to confirm that you have read and understood those terms, and that you would like to join for the benefit pet(s) named above. Your signature: Date:	[Office use only]									
Monthly fee: Start date: Pet reference: PLEASE SIGN HERE Your practice has terms and conditions of joining the healthcare plan, and separate information which explains whincluded when you join. Please sign to confirm that you have read and understood those terms, and that you would like to join for the benethe pet(s) named above. Your signature: Date:	Weight:									
Start date: Pet reference: PLEASE SIGN HERE Your practice has terms and conditions of joining the healthcare plan, and separate information which explains whincluded when you join. Please sign to confirm that you have read and understood those terms, and that you would like to join for the benefits pet(s) named above. Your signature: Date:	Plan:									
PLEASE SIGN HERE Your practice has terms and conditions of joining the healthcare plan, and separate information which explains whincluded when you join. Please sign to confirm that you have read and understood those terms, and that you would like to join for the benethe pet(s) named above. Your signature: Date:	Monthly fee:									
PLEASE SIGN HERE Your practice has terms and conditions of joining the healthcare plan, and separate information which explains whincluded when you join. Please sign to confirm that you have read and understood those terms, and that you would like to join for the benefits pet(s) named above. Your signature: Date:	Start date:									
Your practice has terms and conditions of joining the healthcare plan, and separate information which explains whincluded when you join. Please sign to confirm that you have read and understood those terms, and that you would like to join for the benethe pet(s) named above. Your signature: Date:	Pet reference:									
Your signature: Date:	Your practice has ter included when you jo	ms and condi oin. m that you ha								f
Signed on behalf of the practice: Date:		ove.						Date:		
	Signed on behalf	of the pract	ice:					Date:		

HOW WE USE YOUR INFORMATION

- Easy Direct Debits re Independent Vetcare Limited and your veterinary practice will hold and use your personal data (as defined by UK data protection laws) for the purpose of administering your preventative healthcare plan.
- Both Easy Direct Debits re Independent Vetcare Limited and your veterinary practice may record and monitor inbound and outbound telephone calls for training purposes. These calls may also be referred to in relation to any future queries.
- We will take all reasonable precautions to ensure the security
 of your data. Your data will not be shared with anyone else
 unless there is a legal requirement for us to do so.
- You have the right to see your personal data. If you have any queries about the data we hold, or how we use it, please write to either the Practice Manager at your veterinary practice or Easy Direct Debits re Independent Vetcare Limited, 99 Holdenhurst Road, Bournemouth BH8 8DY.

Easy Direct Debits Limited



Please complete and return this form to reception at your veterinary practice.

Name(s) of account holder(s)

Account number	(normally 8	digits
----------------	-------------	--------

Branch sort code

		-		-		
	•					

Name and full postal address of your Bank/Building Society

Bank	/Build	ing So	ciety		

or building society to pay by Direct Debit

Instruction to your bank

Service User Number

1	8	5	8	2	9

Instruction to your Bank or Building Society

Please pay Easy Direct Debits re Independent Vetcare Limited t/a Pet Health Club Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Easy Direct Debits re Independent Vetcare limited t/a Pet Health Club and, if so, details will be passed electronically to my bank/building society.

Signature

ate			

Banks and building societies may not accept Direct Debit Instructions for some types of account

The Direct Debit Guarantee



- · The 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 organisation will notify you 3 working
 days in advance of your account being debited or as otherwise agreed. If you request Easy Direct Debits re Independent
 Vetcare Limited 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 Easy Direct Debits re Independent Vetcare Limited 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 organisation 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 Easy Direct Debits by calling 01202 022 337 or by emailing help@easydirectdebits.co.uk,
 including both your details and the name of your veterinary practice.