



Ash Veterinary Surgery

REGULARS CLUB

REGISTRATION FORM

Administered by Animal Healthcare Co Ltd

Client Information			
Title:	Surname:	Forename:	
Address Line:			
Town:	County:	Post Code:	
Landline:	Mobile:	Email:	
Pet Information			
Pet Name:		Date of Birth:	
Gender:	Species:	Breed:	
Payment			
Monthly Amount £:		Preferred Day of the month for each collection e.g 28 th or 1 st :	
Declaration			
I declare that the information I have given on this application form is true and complete. I accept the terms and conditions issued by Animal Healthcare for the provision of the agreed routine healthcare plan from Ash Veterinary Surgery. I am 18 years old or over.			
Signature of applicant:			Date:

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)

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

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4. Bank or Building Society A/C Number
(usually 8 digits)

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

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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.