



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)

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.