

Membership Application Form

Administered by The Animal Healthcare Company Ltd

About your pet

Is your pet a: Dog Cat Rabbit Equine

Your pet's name:

Date of birth: Male Female

Breed type:

To be completed by veterinary practice

Plan Code/Patient ID:

Branch:

Post Code:

Name:

Position:

Signed:

Date:

About you

Title (Mr/Mrs/Miss/Ms):

Surname:

Other names:

Address:

Postcode:

Contact telephone number:

Email address:

Communication preference: Email Post

Amount you are paying

I agree that the following monthly payments as detailed below can be collected from my bank account.

x 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 Animal Healthcare 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

The information given on this form contains your personal data. We record, process and hold your personal data in accordance with the law in the United Kingdom and in particular the Data Protection Legislation. For full details of how we hold and use information relating to your please refer to the Data Protection Statement overleaf. By signing this form you confirm that you consent to such use of your personal data. By listening to our customers, The Animal Healthcare Company Ltd will continue making improvements and introducing new products and services to help you and your loved ones stay as healthy as you can. We'd love to share this sort of information with you. We'll always treat your personal details with the utmost care and we'll never pass them on to other companies. Please let us know how you'd like to hear from us:

EMAIL POST PHONE SMS

If you change your mind just let us know anytime by calling 0117 370 0300 going online to <https://premiervetalliance.com/uk/> or emailing us at pcp@premiervetalliance.co.uk

Instruction to your Bank or Building Society to pay by Direct Debit



Originator's Identification Number

8 3 7 4 7 3

Please fill in the form and return it to your Veterinary Practice

Name and full postal address of your Bank or Building Society Branch.

To: The Manager:

Bank or Building Society

Address:

Postcode:

Name(s) of account holder(s):

Branch Sort Code:

Bank / Building Society Account Number:

The Animal Healthcare Company Ltd reference (for office use only):

Instruction to your Bank or Building Society - Please pay The Animal Healthcare Company Ltd Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that the instruction may remain with The Animal Healthcare Company Ltd and if so, details will be passed electronically to my Bank/Building Society.

Signature(s):

Date: