

# Castle Vets Pet Health Club

Membership Application Form  
Healthcare Plan Administered by Easy Direct Debits Limited



Please ensure that you fill out all details requested or we will not be able to process your application.

Please complete the form in black ink using BLOCK CAPITALS

Title:	Surname:	First Name(s):
Address:		
Postcode:		
Phone Number:	Email Address:	

About your Pet(s)	Pet 1	Pet 2	Pet 3
Pet's Name			
Species	Dog / Cat / Rabbit	Dog / Cat / Rabbit	Dog / Cat / Rabbit
Breed			
Weight	kgs	kgs	kgs
Monthly Payment	£	£	£

I declare that the information I have given in this application is true and complete. I accept the terms and conditions issued by Easy Direct Debits 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: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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 we believe may interest you. If you do not wish to receive this information, please tick this box.

## To Be Completed By The Veterinary Practice

Client Practice Reference Number:
Total Monthly Payment: £
Staff Member Name:
Date:

