

Stoven Hall Perfect Paws Health Plans Application Form

To join; pay joining fees (£15 per client, £5 per animal), fill in the pink boxes on this form and email it to info@stovenhallvets.co.uk or post it to *Stoven Hall Veterinary Centre, Hall Farm, Stoven, Beccles, NR34 8ET*. Then we will email your completed form to you, to the email filled in below and then you can set up your standing order with your bank.

Client Details

Title:	<input type="text"/>	Gender (tick one) M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>
First Name:	<input type="text"/>	Surname:	<input type="text"/>	
Address:	<input type="text"/>			
	<input type="text"/>	Post code:	<input type="text"/>	
Home phone:	<input type="text"/>	Mobile:	<input type="text"/>	
Email Address:	<input type="text"/>			

Pet Details

Name:	1. <input type="text"/>	2. <input type="text"/>
Date of birth:	1. <input type="text"/>	2. <input type="text"/>
Breed:	1. <input type="text"/>	2. <input type="text"/>
Gender:	1. <input type="text"/>	2. <input type="text"/>
Plan type:	1. <input type="text"/>	2. <input type="text"/>
Monthly price:	1. <input type="text"/>	2. <input type="text"/>
First Payment:	1. <input type="text"/> 01/	2. <input type="text"/> 01/

Data Protection Act

To set up and carry out your Equine Health Plan, Stoven Hall Equine will have to store your information supplied by you. By signing this form you consent to this use of your data. We may disclose information about you when we are legally required to, on the understanding that they will keep your information confidential and in accordance to the Data Protection Act 1998. We may contact you by post, telephone or electronically in regards to the health plan.

Contract

I confirm I have read and understood the Agreement and wish to join Stoven Hall Equine Health Plan. I understand my plan will become active 28 days after my first payment. I am 18 years old or older.

Signature of payer:	<input type="text"/>	Date:	<input type="text"/>
Signature on behalf of practice:	<input type="text"/>	Date:	<input type="text"/>

Instruction to your Bank or Building Society to pay by Standing Order

Name and full postal address of your Bank or Building Society

To: The Manager:	<input type="text"/>
Bank/Building Society:	<input type="text"/>
Address:	<input type="text"/>

Reference (to be filled out by Stoven Hall Vets)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Monthly Payment amount: £ .

Account Details

Sort Code: 20-92-08

Account number: 63401324

Instruction to your bank or building society
Please pay the monthly price stated above on 1st day of each month to Stoven Hall Equine Ltd (account details above) from the account detailed in this instruction as a standing order.

Signature(s):

Date:

Name(s) of the Account Holder(s):

Bank/Building Society Account Number:

Branch Sort Code:

Banks and building societies may not accept instructions from some types of accounts