



Veterinary Surgeon / Pet Owner AGREEMENT

Please complete this form in **BLOCK CAPITALS**
Practice ID:

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This Agreement is made between:

"THE PET OWNER"

and

"THE VETERINARY SURGEON"

Title:* Mr/Mrs/Miss/Other Client ID:*

Forename:* Surname:*

Address:*

Postcode:*

Tel No: Mobile No:*

Email:*

Full Practice address / stamp

Rose Cottage Veterinary Centre
Chester Road, Sutton Weaver
Runcom WA7 3EQ
Telephone (01928) 717581

Selected date for Direct Debit (please cross through preferred date)

1	2	3	4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25	26	27	28

Please tick the relevant boxes below if you are happy for Premier Vet Alliance Limited to let you know about its products and services by email by text message by telephone

Ideally 1st or 15th of the month * Required

PET DETAILS

1. The Pet Owner will pay:			PRACTICE USE ONLY			
a. Pet Name*	Date of Birth*	Gender*	Plan Type*	Monthly Fee*	Pet ID*	Vacc date*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ : <input type="text"/>	<input type="text"/>	<input type="text"/>
b. Pet Name*	Date of Birth*	Gender*	Plan Type*	Monthly Fee*	Pet ID*	Vacc date*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ : <input type="text"/>	<input type="text"/>	<input type="text"/>
c. Pet Name*	Date of Birth*	Gender*	Plan Type*	Monthly Fee*	Pet ID*	Vacc date*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ : <input type="text"/>	<input type="text"/>	<input type="text"/>
d. Pet Name*	Date of Birth*	Gender*	Plan Type*	Monthly Fee*	Pet ID*	Vacc date*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ : <input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL MONTHLY FEE of £ :

1.1 Thereafter, the Pet Owner will pay to the Veterinary Surgeon a in respect of the Pet Care Plan for the above animals on or around your chosen date every month.

Premier Vet Alliance Ltd will collect an additional one-off set up of fee of £ per pet with the first Direct Debit payment

1.2 I the Pet Owner understand I am responsible for ensuring there are sufficient funds in my account to cover the Direct Debit on the Direct Debit date and for a period of 10 working days after the Direct Debit.
*If this agreement form is undated the effective date will be on or around your chosen date of the next month, following receipt of this signed agreement form.

Pet Owner's Signature: Date:

For and on behalf of the Veterinary Surgeon: Date:

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



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

Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society

Address

Postcode

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

Service User Number

Reference Number

Instruction to your Bank or Building Society

Please pay Premier Vet Alliance Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Premier Vet Alliance 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 for some types of account.