



HAPPY PETS CLUB REGISTRATION



Monthly parasite treatment delivered to your door.

OWNER'S DETAILS:

FIRST NAME..... SURNAME.....

EMAIL.....

MOBILE PHONE NO.....

ADDRESS.....

.....

..... POSTCODE.....

PET DETAILS: **Cat** **Dog**

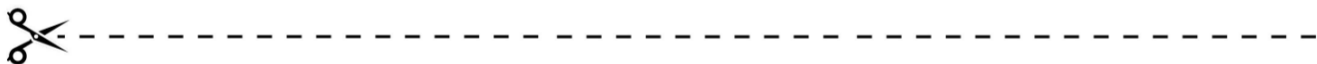
PET NAME: AGE.....

WEIGHT.....

1st Treatment Delivery Date: ___ / ___ / ___

(This must be at least four weeks in the future. Your pet's treatment will be delivered on this date every month for the duration of your subscription).

SIGNED:..... DATE:.....



Detach and shred once set-up has been completed.

PAYMENT DETAILS

ACCOUNT HOLDER NAME:

(Must match the owner details above)

ACCOUNT NUMBER:

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SORT CODE:

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Return this form to the practice or email to healthplans@plvet.co.uk