



HAPPY PETS CLUB REGISTRATION



Monthly parasite treatment delivered to your door

OWNER'S DETAILS:

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

DATE OF BIRTH

EMAIL.....

MOBILE PHONE NO.....

ADDRESS.....

.....

.....POSTCODE.....

PET DETAILS:

Dog

Cat Please tick here if you cannot tablet your cat *

PET NAME.....AGE.....

WEIGHT.....

1st Treatment Delivery Date: ___ / ___ / ___

This must be at least 2 weeks in the future. Your pet's treatment will be delivered on this date every month for the duration of your 12 month subscription.

SIGNED.....DATE.....

* You will need to collect a spot-on wormer from the surgery (discounted) every 6 months

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

Once your subscription has been processed, you will receive a secure link in order for you to enter your payment details.