

About you	
Title (Miss/Mrs/Mr)	
Surname	
Other names	
Address	
Postcode	
Telephone number	
Email address	

About your horse	
Horses Name	
Date of Birth	
Breed	
Male/Female	

Amount you are paying

I agree that the following monthly payments as detailed below can be collected from my bank account.

Monthly payments of £ (inc VAT)

You will be notified in writing of your collection dates. If you have a preferred day of the month for your membership contribution please enter it into this box.

Declaration and signature
I declare that the information I have given in this application is true and complete. I accept the terms and conditions issues by Ridings Equine Vets 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 _____
Date _____

Office use only	
Plan	
Postcode	
Name	
Position	
Signed	
Date	

Data protection

We will store your details on computer to administer your membership 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 of selected companies we believe may interest you. If you do not want to know about these products and services, please tick this box.

Instruction to your Bank or Building Society to pay Direct Debits

Our address: Ridings Equine Vets Ltd, Stapleton Park Estate, Darrington, Pontefract, W. Yorks, WF8 3DD

Name & Postal address of your bank/building society

To (the manager) _____

Bank/Building Society _____

Address

Postcode _____

Name(s) of account holder(s)

Bank Sort Code:

Bank/Building Society Account Number:

REV Reference (office use only)



Instruction to your bank/building society: Please pay Ridings Equine Vets Ltd direct debits from the account detailed on this instruction subject to safeguards assured by the direct debit guarantee. I understand that the instruction may remain with Ridings Equine Vets Ltd and if so, details will be passed electronically to my Bank/Building Society.

Signature _____ Date _____

