Pet Health Club



Dear Pet Owner,

At our **practice** we want to help you look after your pet in the best possible way and the **Pet Health Club** is a great way to cut the cost of routine veterinary care for your pet.

We encourage you to join this scheme because routine care is an important part of responsible pet ownership. It keeps your pet in the best possible health and helps them lead a happier life.

Take a look overleaf to see how much is included in the club and the estimated savings to be made on the annual costs of what we call 'preventative healthcare' - helping you keep your pet in tip top condition.

If you join the scheme, you can enjoy discounts on annual vaccinations, year round worming and flea control, lifetime care medications, routine neutering, dental procedures and pet food.

We can't emphasise enough how important it is to provide routine veterinary care for your pet. Joining the **Pet Health Club** will help you do so for a fixed monthly cost.

If you have any further questions, our local practice team would be delighted to help you.

Best wishes from The Pet Health Club Team

Pet Health XClub

A money saving preventative health scheme to help keep your pet and your finances in tip-top condition.



Why it makes perfect sense to join our

Pet Health Club

You'll be providing essential routine care for your pet, which is all part of being a responsible pet owner. Save money on the cost of treatments and services that keep your pet healthy and happy. This also allows you to budget and spread the cost of routine care by convenient direct debit.

LOOK HOW MUCH IS COVERED, HOW LITTLE IT COSTS AND HOW MUCH YOU SAVE!

- ✓ Vaccination Course or Booster
- ✓ Kennel Cough Vaccination
- ✓ 2nd Healthcheck at 6 months
- ✓ All year Worm Treatment
- ✓ All year Flea Treatment (Annual Flystrike for rabbits)
- ✓ Cost Price Food (non prescription)
- ✓ Annual Urine Test**
- ✓ Nail Clipping*
- ✓ Microchip or £10 voucher (one per plan)
- ✓ 50% off Retail Cost of First Bag of Food[^] (one per plan)
- ✓ 25% off Royal Canin & Hills Prescription Food
- ✓ 10% off Dentistry & Pet Passports
- ✓ 10% off Pet Shop Sales & Geriatric Screenings

PLUS YOU'LL GET

20% OFF Selected Lifetime Care Medications and Neutering 100% OFF Direct Claims Administration Fee



Please see savings guide for more details

Any additional pets pay £1 less per month

Terms & Conditions: *Nail Clipping only available at point of healthcheck (ie twice per annum).

**Urine test covers Katkor but not cystocentesis or catheterisation.

^Based on retail cost of food. Up to 4kg.

Applies only to Hills, Royal Canin & My Family Vets ranges. Subject to availability. To be eligible for the cost price food, members must pay for the food prior to the practice ordering it. The food will then be available to collect, provided it is in stock, on the next working day.

If the policy is cancelled before the anniversary of the plan, full payment will be required.

Please note, direct debits will commence 30 days after your initial payment.

Savings based on average of 200 nationwide Practices. Any discounts are an estimated amount.





Pet Health Llub

Membership Application Form

Banks and Building Societies may not accept Direct Debit Instructions from

some type of accounts

Administered by The Animal Healthcare Company



About your pet	To be completed by veterinary practice		
Is your pet a Dog Cat Rabbit	Patient ID Client ID		
Your Pet's name	Plan code Branch		
Date of birth Male Female	Name Position		
Breed type	Signed Date		
About you	E OF THE RESERVE		
Title (Mr/Mrs/Miss/Ms) Surname	Other names		
Address			
	Postcode		
Contact telephone number	E-mail address		
Amount you are paying	Declaration and signature		
I agree that the following monthly payments as detailed below can be collected from my bank account:	I declare that the information I have given in this application is true and complete. I accept the terms and conditions issued		
Monthly payments of £ (inc VAT)	by The Animal Healthcare Company Ltd for the provision of the agreed routine healthcare plan from the Veterinary Practice		
You will be notified in writing of your collection dates. If you have a preferred day of the month for your membership contributions please enter it into this box:	named on this application. I am 18 years old or over. Signature Date		
DATA PROTECTION We will store your details on computer to administer your membership plan but will not keep them longer that surveys. Under the Data Protection Act, you are entitled to a copy of the information we hold about you and We may also provide you with information about products and services of selected companies we believe may also provide you with Information about products and services of selected companies we believe may also provide you with Information about products and services of selected companies we believe may also provide you with Information about products and services of selected companies we believe may also provide you with Information about products and services of selected companies we believe may also provide you with Information about products and services of selected companies we believe may also provide you with Information about products and services of selected companies we believe may also provide you with Information about products and services of selected companies we believe may also provide you with Information about products and services of selected companies we believe may also provide you with Information about products and services of selected companies we believe may also provide you with Information about products and services of selected companies we believe may also provide you with Information about products and services of selected companies we believe may also provide you with Information about products and services of selected companies we believe may also provide you with Information about products and services of selected companies we believe may also provide you with Information about products and services of selected companies we believe may also provide you with Information and Information and Information about products and Information about products and Information	d we are entitled to ask you to pay for this. By interest you. If you do not want to know about these products and services please tick this box:		
animalhealthcare Originator's Identification Number 8 3 7 4 7 3	2. Name(s) of account holder(s)		
The Animal Healthcare Company Ltd, 4 Bridge Road Business Park, Haywards Heath, West Sussex RH16 1TX	3. Bank Sort Code (from the top right corner of your cheque)		
. Name and full postal address of your Bank or Building Society Branch	4. Bank or Building		
To: The Manager	Society A/C Number (normally 8 digits)		
Bank or Building Society	5. The ANIMAL HEALTHCARE reference		
Address	(for office use only)		
	Instruction to your Bank or Building SocietyPlease pay Animal Healthcare Limited Direct Debits from the account details on this Instruction subject to safeguards assured by the Direct Debit Guarant		
Postcode	I understand that the instruction may remain with Animal Healthcare Limited and if so, details will be passed electronically to my Bank/Building Society.		

Signature(s)

Date

General Plan Terms and conditions:

Your Payment Plan is administered by THE ANIMAL HEALTHCARE COMPANY LTD,4 Bridge Road Business Park, Bridge Road, Haywards Heath, West Sussex RH16 1TX

- 1. The cost, content and delivery of the goods and/or services paid for by this Plan is agreed between you and your Supplier.
- 2. Your Plan only remains in force if you pay your monthly instalments, without default.
- 3. There is no insured benefit. THIS IS NOT AN INSURANCE POLICY.
- 4. The Pet Health Club only applies to the named pet on the Registration Form overleaf and is not transferable between pets.
- 5. The scheme is payable by direct debit instalments at the prices noted in the Registration Form. Payments will be managed by 'Animal Healthcare' on behalf of Independent Vetcare Ltd. You will be required to complete and sign the form overleaf required by Animal Healthcare, including the Direct Debit mandate form. Once we have received confirmation that your banking details are correct your Pet Health Club will be activated and the contract between you and us will be formed. We will provide you with notice of the activation date.
- 6. We may terminate this contract if you fail to make payments due under it (in accordance with clause 5) or if, in our reasonable opinion; you (and/or any person who brings the pet to us in relation to the Services) are aggressive and/or abusive to any of our staff.
- 7. This contract is for a **minimum of term of 12 months** from the date beside your signature in the declaration box on the application form (the anniversary date) and, unless you give written notice to terminate it shall continue for successive 12 month periods.
- 8. You MUST be over 18 years of age.
- 9. If Animal Healthcare is unable, because of a default by you, to collect a payment they will inform you accordingly and will attempt to collect the failed payment having given you adequate notice in writing of the new payment date. If you default on two successive payments, Animal Healthcare will inform you your Plan has been subsequently cancelled.

- 10. Prices and savings based on average of 170 nationwide Practices. Any discounts are an estimated amount. 50% off the first bag of food is calculated on the retail price of food.
- 11. Nail Clipping only available at point of healthcheck (ie twice per annum). Urine test covers Katkor but not cystocentesis or catheterisation.
- .12. Cost Price Food equates to 25% off normal selling price. Subject to availability. To be eligible for the cost price food, members must pay for the food prior to the practice ordering it. The food will then be available to collect, provided it is in stock, on the next working day.
- 13. The Plan is not transferable.

Cancellation

If you cancel at any time other than on the anniversary date (see Clause 7) you will be required to pay us the outstanding amount for any treatment received at the full list price or if payment is monthly the direct debit fee pro rata until the anniversary date, whichever is the lower. You must give at least one month's advance notice of your wish to terminate your Pet Health Club. We will advise you of your last direct debit payment. If a payment is cancelled the client is liable for the full cost of treatment less what they have paid. Also if payment fails or they cancel their plan and decide to rejoin they will be charged and admin fee of £10.

Complaints Procedure

Should you have any cause for complaint on any aspect of the administration of your direct debit, you should contact:-

The Managing Director, Animal Healthcare Company Ltd 4 Bridge Road Business Park Bridge Road Haywards Heath West Sussex RH16 1TX Telephone: 0844 800 8548

Fax: 01273 371069

Email: info@animal-healthcare.co.uk

I have read and agree to the terms and conditions:

Signature(s)		
Date		

The Direct Debit Guarantee



This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.

If there are any changes to the amount, date or frequency of your Direct Debit The Animal Healthcare Company Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request The Animal Healthcare Company Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request

If an error is made in the payment of your Direct Debit, by The Animal Healthcare Company Ltd or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.

If you receive a refund you are not entitled to, you must pay it back when The Animal Healthcare Company Ltd asks you to.

You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation maybe required. Please also notify us.