

Agreement for MOUNTS BAY PETS HEALTH CLUB

MOUNTS BAY VETERINARY CENTRE
 Mounts Bay Veterinary Centre
 Unit 15 D & E, Longrock Ind. Est.
 Penzance, TR20 8HX



Effective Date 1st

Client ID:

SHADED BOXES TO BE COMPLETED BY THE PET OWNER

Title: Mr/Mrs/Miss/Other

Forename:

Surname:

Address:

Postcode:

Home Tel:

Mobile Tel:

Email:

I am happy for Mounts Bay Veterinary Centre Ltd to contact me with reminders updates
 by the following methods email phone post SMS

You can withdraw this consent at any time by writing to us at: clinical@mountsbayvets.co.uk

PET DETAILS

A.	Name <input type="text"/>	<input type="text" value="Canine / Feline"/>	Weight <input type="text"/>	Vaccs Due <input type="text"/>
	Flea <input type="text"/>		Wormer <input type="text"/>	Monthly Fee <input type="text"/>
B.	Name <input type="text"/>	<input type="text" value="Canine / Feline"/>	Weight <input type="text"/>	Vaccs Due <input type="text"/>
	Flea <input type="text"/>		Wormer <input type="text"/>	Monthly Fee <input type="text"/>
C.	Name <input type="text"/>	<input type="text" value="Canine / Feline"/>	Weight <input type="text"/>	Vaccs Due <input type="text"/>
	Flea <input type="text"/>		Wormer <input type="text"/>	Monthly Fee <input type="text"/>

I have read and agree to the terms and conditions of Mounts Bay Pets Health Club membership

Signed:

Printed:

Total Monthly Fee

First Payment

Date:

MOUNTS BAY PETS HEALTH CLUB

MOUNTS BAY VETERINARY CENTRE
 Mounts Bay Veterinary Centre
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 Penzance, TR20 8HX
 01736 330331



Pets Name

Monthly Fee

Sort Code: 08-92-99

Pets Name

Monthly Fee

Account Number : 69495148

Pets Name

Monthly Fee

Payment Reference:

Pets Name

Monthly Fee

Payment due on 1st of each month

Total Monthly Fee