

GARSTON

EquiPlan

Application Form

Thank you for joining the Garston Veterinary Group EquiPlan. Please complete this form together with the Direct Debit mandate and return to us either by post or drop it in at your nearest surgery.

On receipt your EquiPlan pack, membership card and details of your payment collection dates as governed by the Direct Debit guarantee will be sent to you by post.

| | | |
|--|--|---|
| Name: | | |
| Address: | | |
| Postcode: | | |
| Telephone No: | | |
| Mobile No: | | |
| Email address: | | |
| Horse Name | | |
| Client Ref No: (if known) | | |
| Preferred Vet: | | |
| Plan type and monthly payment: Equiplan £20 or Equiplan Plus £25 | | £ |

| | | | |
|------------|--|-------|--|
| Signature: | | Date: | |
|------------|--|-------|--|

Garston Veterinary Group
Equine Unit
Garston House
Frome
Somerset
BA11 1PZ

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|----------------------------|--|
| <i>Accounts use only</i> | |
| <i>Plan code keyed:</i> | |
| <i>DDM Sent</i> | |
| <i>First payment date:</i> | |
| <i>Spreadsheet:</i> | |
| <i>EquiPlan Pack Sent</i> | |