

# GARSTON

## VETERINARY GROUP

### Wellness Plan Application Form

Please complete this form and send together with the Direct Debit mandate to the Frome surgery address at the bottom of this page. We will contact you to confirm receipt and notify you of payment collection dates as governed by the Direct Debit guarantee.

Name:		
Address:		
Postcode:		
Telephone No:		
Email address:		
Pet Name:		
Client Ref No: (if known)		
Usual Surgery:		
Plan type and monthly payment:		£

Signature:		Date:	
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Accounts Department  
 Garston Veterinary Group  
 Garston House  
 Portway  
 Frome  
 BA11 1PZ

Official use only	
Plan code keyed:	
DDM / Letter sent:	
Vouchers sent:	
First payment date:	
Spreadsheet:	