

REGISTRATION DETAILS



I wish to register with House & Jackson LLP and agree to their Terms of Business

House and Jackson LLP
 Veterinary Surgeons
 Rookery Road, Blackmore,
 Essex CM4 0LE

My interest is for (please ✓) The Horse Clinic only
 The Pet Clinic only
 Both clinics

Registered Office
 10-12 Mulberry Green, Old Harlow
 Essex CM17 0ET

Mr / Mrs / Miss / Ms

First Name *(in full, not initial)* Surname

*If a joint application, for example husband and wife then please confirm second name below
 (if joint application) Mr / Mrs / Miss / Ms*

First Name *(in full, not initial)* Surname

Address

Post Code

Home Telephone

Mobile Telephone

Email: Work Telephone

Name and address of your place of work so we can make contact with you in case of day time emergency.

We may send you messages, vaccine reminders and general information by email or SMS messages to your mobile number. If you do not wish to receive information from us in this format then please confirm by placing a "tick" in this box

Are you the person responsible for the payment of the bills at the above address? Yes / No

If not, then whom and at what address

Name

Address

Post Code

Telephone

Signed
(by the person responsible)

For The Horse Clinic clients only

Address of the yard where you stable your horse

.....

.....

.....

Tel. No of yard

Tel. No for visit notice

I acknowledge that should a credit facility be used or offered then House & Jackson may wish to make enquiries with a credit reference agency. Unless the following tick box is marked confirming that I do not wish House & Jackson to make such enquiries then by signing this form I give consent

<p><i>Signature of applicant</i></p> <p>Signed</p> <p>Name</p> <p>Date</p>	<p><i>Signature of second applicant if a joint application</i></p> <p>Signed</p> <p>Name</p> <p>Date</p>
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