

CritterCare Renewal Form

Date: _____

I, _____ (*owner name*) wish to continue my CritterCare membership for
_____ (*pet/s name*). I wish the first renewal payment to be taken from my
account on _____.

DO YOU NEED TO MAKE ANY CHANGES TO YOUR BANK ACCOUNT DETAILS? Yes No

Please circle your preferred choice

Monthly Options:

1. One payment of \$116.00 paid at the office, plus 11 equal monthly payments of \$44.00, debited from your bank account
2. 12 equal monthly payments of \$50.00, debited from your bank account

Fortnightly Options:

1. One payment of \$116.00 paid at the office, plus 22 equal fortnightly payments of \$22.00, debited from your bank account
2. 24 equal fortnightly payments of \$25.00, debited from your bank account

Signed: _____ **Name:** _____

Form taken by: _____

Licence on file: Yes No