



Practice Enrolment Form

Fax to: 086 510 4132

Please complete this form to become a participating Hill's Pet Slimmer clinic and have your details listed under the "Locate a Clinic" section of www.petslimmer.co.za

Practice Name:

Practice Email:

Tel: Fax:

Practice Physical Address:

City:

Postal Code:

Province:

Country:

Practice Postal Address:

City:

Postal Code:

Province:

Country:

Assisting Staff Members

Title: Name:

Surname:

Mobile: Email:

Do NOT send me information, notifications & reminders on my Pet Slimmer clients by email

Do NOT send me information, notifications & reminders on my Pet Slimmer clients by sms

Title: Name:

Surname:

Mobile: Email:

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For office use:

Customer ID:

Staff ID 1: Staff ID 2:

Territory:

*If you have more than two assisting staff members running the Hill's Pet Slimmer Programme please photocopy this page and fill in your practice name and additional assisting staff member details.



Clinical nutrition to improve quality of life™