

United Pet Care Membership Change Form

Facsimile Transmittal Sheet

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|--|--|
| TO: Member Services | FROM (Name): |
| COMPANY: United Pet Care | DATE: |
| FAX NUMBER: (602) 266-5254 | TOTAL NUMBER OF PAGES INCLUDING COVER: |
| PHONE NUMBER: (602) 266-5303 | PHONE NUMBER: |

*** MEMBERSHIP IN UPC IS FOR A PERIOD OF ONE (1) YEAR.**
**** CANCELLATIONS MUST BE EXPLAINED IN THE BOX PROVIDED BELOW.**

| | |
|----------------------------|--------------|
| Employer Group | Group Number |
| Mesa Public Schools | 402 |

In an effort to coincide with the member rosters that are sent monthly to our veterinarians, all changes, cancellations and terms received by the 25th of the month, will be effective the first of the next month. Changes, cancellations and terms received between the 25th and the end of the month will not be effective until the first of the following month. (i.e., a change sent no later than January 25, 2016 will be effective February 1, 2016. Changes sent after January 25, 2015 will be processed on March 1, 2016.)

| Member/Employee Name | Social Security Number | Effective Date |
|----------------------|------------------------|----------------|
| | | |

Veterinary Facility Change: From: _____ To: _____

PLEASE CHECK CORRECT BOX BELOW

****Voluntary Cancellation** **Employee Termination**

| Add/Drop | Pet Name(s) | *Code | Breed | Age/DOB | Sex |
|----------|-------------|-------|-------|---------|-----|
| | | | | | |
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| | | | | | |
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****Reason;**

*Code: D = Dog, C = Cat, F = Ferret, H = Horse, R = Rabbit & B = Bird

**Please note - This form cannot be processed unless all information is completed.
 Do your employees know that they can continue United Pet Care on their own?**