

Tierarztpraxis Dr. Christine Gräser – Lindenstr. 3 – 67731 Otterbach-Sambach – 06301/792814

Owner:

Last Name: _____ First Name: _____
Street: _____ House Number: _____
ZIP Code: _____ Place of residence: _____
Phone: _____ Mobile: _____
E-Mail: _____ Date of birth: _____

Patient:

Dog () Cat () Others ()
Name: _____ Breed: _____
Color: _____ Date of Birth: _____
Male () Female () Neutered ()
Microchip Number: _____
pet health insurance/operation insurance: _____
insurance provider: _____
insurance number: _____
Does the animal come from abroad? _____
if so, from which country of origin: _____

Medical History:

Allergies/Drug Intolerance: _____
Chronic Diseases: _____
Previous surgeries: _____
Continuous medications: _____

Purpose of today's visit

Treatment contract

I hereby affirm that I am the owner of the animal and therefore authorized to enter into a contract for the performance of necessary treatments and operations, I further affirm that I am willing and able to bear the costs resulting therefrom.

The patient owner is informed that the treatment will be billed in accordance with the applicable fee schedules for veterinarians (GOT). Subsequent changes or claims based on costs not discussed in advance are excluded.

The patient owner agrees to this.

In this connection, I declare that at the time of this declaration I am not in any judicial debt proceedings and that the debtors' register of the local court having jurisdiction over me does not contain any entries concerning my person.

If I am not the owner of the animal, I assure that I am acting on behalf of the owner of the animal. If there is no power of attorney, or if the animal owner denies a power of attorney, I hereby confirm that I will pay for the costs arising from the treatment.

To the extent necessary to make a diagnosis, I authorize the owner and staff of the practice to use the services of third parties (laboratories, specialized testing facilities, etc.) on my behalf and at my expense.

I will pay the resulting costs immediately in cash or by EC (debit) card.

Date, Signature

Declaration of consent for the data use for further purposes

Tierarztpraxis Dr. Med. Vet. Christine Gräser
Lindenstr.3

67731 Otterbach-Sambach

Tel.:06301-792814

Fax:06301-792820

E-Mail: info@tierarztpraxis-graeser.de

With my signature I agree that the veterinary practice may collect my personal data provided on the registration form for the purpose of executing a veterinary treatment contract on the basis of legal authorizations.

For any further use of the personal data and the collection of additional information, as well as for forwarding it to third parties, your consent is regularly required. You can give such consent voluntarily below.

Consent to the use of data for other purposes

I agree that,

- the data collected may also be used for future treatment contracts
- the collected data may be transmitted, as far as necessary and required for veterinary referrals, to other veterinary practices and clinics
- the collected data may be transmitted, as far as necessary for further diagnostics, to laboratories and institutes
- veterinary practice may contact me by telephone about laboratory results and for scheduling purposes
- the veterinary practice may contact me by E-mail/SMS

City/ Date

Signature