Animal Registration Form

Tierklinik Hofheim

Please complete this form in block capitals

Animal Owner

Name | First Name | Sex ☐ m ☐ f ☐ d

Date of birth (MM / DD / YY) (not obligatory) | Street / Number

ZIP code / City | Phone private | Phone mobile

E-Mail | Social Security No

Animal

Name | Breed | Date of birth (MM / DD / YY)

Weight (kg) | Sex ☐ Male ☐ Female | ☐ Neutered / Castrated

Colour | Tattoo / Chip number (please always specify for insured animals!)

Veterinarians

General veterinarian

Referring veterinarian

Mode of payment

☐ Cash ☐ EC-Card ☐ Credit card (MasterCard, VISA, American Express)

Payments are to be made in full upon each visit. We do not post any invoices. Please feel free to ask for estimates. If you hold a VAT-form, please hand it in at the reception desk together with this registration form.

With my signature I confirm the correctness and completeness of my name and address. I consent to their electronic storage and processing in accordance with the provisions of the BDSG. I am the owner of the aforementioned animal and give permission to examine / treat my animal.

I am willing and able to pay for the costs of any examination and treatment. I understand that medical results will be handed on to the referring veterinarian or any veterinarian who will treat my animal after this consultation. If necessary, Tierklinik Hofheim is entitled to use the services of external laboratories or insitutes in my name. I hereby confirm that I will pay for the costs of these services.

Hofheim,

Date | Signature

Tierklinik Hofheim data protection advice:
Please ask at the reception desk for our information sheet.

For more information visit www.tierklinik-hofheim.de

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