

Animal Registration Form

Please complete this form in block capitals



Tierklinik Hofheim

Animal Owner

_____ Name	_____ First Name	_____ Date of birth (MM / DD / YY) (not obligatory)
_____ Street / Number	_____ ZIP code / City	
_____ Phone (private)	_____ Phone (mobile)	_____ Fax
_____ E-Mail	_____ Social Security No	

Animal

_____ Name	_____ Breed	_____ Date of birth (MM / DD / YY)
_____ Weight (kg)	Sex <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> neutered / castrated	
_____ Colour	_____ Tattoo / Chipnumber	

Veterinarians

General veterinarian

Referring veterinarian

Mode of payment

- cash EC-Card (with PIN) Credit card (MasterCard, VISA)

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.

Date

Signature