

Registration form for treatment



Die Tierarztpraxis

Information about the pet owner

Surname: _____ **First name:** _____
Street/No.: _____ **Phone number:** _____
Postcode: _____ **Mobile number:** _____
City: _____ **E-Mail address:** _____

I certify that I am the owner of the animal and give permission to examine / treat my pet.

Until revoked, authorized representative:

Name: _____ **Phone number:** _____

If different, information about the person presenting the animal to the practice:

Surname: _____ **First name:** _____
Street/No.: _____ **Phone number:** _____
Postcode: _____ **Mobile number:** _____
City: _____ **E-Mail address:** _____

I am not the owner of the pet, but I assure you I am acting on the express order of the pet owner and herewith I accept give the order for examination and treatment.

Information about the pet

Pet's name: _____

Species: dog cat rabbit guinea pig _____

The animal is used to produce food: yes no

Breed: _____ **Fur colour:** _____

Date of Birth: _____ **Chipped:** yes no

Sex: male female **Castrated/Neutered:** yes no

Underlying diseases: _____

Long-term medication: _____

Country of origin: _____

Insurance: yes no **Name of insurance company:** _____

If yes: Surgery insurance Full insurance

How did you hear about us?

Referral by vet Online
 Recommended by pet owner _____

General vet:

Name: _____ **City:** _____

If you **do not** want to be referred (back) to your general vet, please tick here:

Reason for your visit today:

How would you like to pay? Please tick:

Cash EC-Card (with PIN) *(no credit card payments possible)*

General Terms and Conditions



Die Tierarztpraxis

Dear pet owner, dear authorized representative,

We thank you for the trust you have placed in us and will do everything to provide your pet with the best possible care!

As part of our duty to provide information, we would like to inform you about the following points:

1. The treatment follows the primary registration. The owner/authorized person is obliged to indicate known behavioral abnormalities of the pet.
2. Pets are only presented by their owner or an authorized person. The veterinary practice is not obliged to check legitimacy.
3. You are obliged to inform us promptly about any changes to your contact information.
4. Direct assistance from you during the treatment of your pet is not required and always voluntarily. As far as permitted, we exclude any liability on our behalf.
5. Cost estimates can only ever be approximate values.
6. We shall only invoice for the actual services performed and medications dispensed on the day of treatment. Each treatment is invoiced individually. There is no payment in advance. Before leaving the practice, the invoice amount must be paid immediately in cash or by debit card.
7. Surgical check-ups are not included in the surgery costs and are charged separately each time.
8. A guarantee for the success of an operation or treatment is not given at any time. Despite being carried out professionally, any intervention can lead to complications. Excluded are entitlements to rectification, repetition of an operation, reduction of the fee and claims for damages.
9. The veterinary practice is authorized to provide you with receipts and vaccination reminders electronically.

By signing this document, I hereby confirm the accuracy of the information and I give the order for examination, advice, and treatment, accept the terms of payment and general terms and conditions, and agree that any personal data provided may be collected and stored for the purpose of implementing the contractual agreement.

If necessary, I authorize Zentrum für Tierzahnheilkunde – Die Tierarztpraxis to commission third-party services (third-party laboratories and similar).

Date: _____

Name: _____

Signature: _____