REGISTRATION

Team für Tiere
TIERARZTPRAXIS AM GASTEIG

CONTRACTUAL PARTNER

Title ..... Mrs. ☐ Ms. ☐ Mr. ☐ Mx. ☐

Last name _____ First Name _____ Date of birth _____

Street, number _____

Zip code, city _____

Telephone (preferrably mobile) _____

E-Mail _____

WHO ELSE MAY WE PROVIDE INFORMATION TO?

Last name _____ First name _____ Date of birth _____

Last name _____ First name _____ Date of birth _____

PET DETAILS

Name of the pet _____ Date of birth _____
If unknown, **approximate age**

Species _____ Breed _____

Sex ..... Female ☐ Male ☐ Neutered ..... Yes ☐ No ☐

Weight _____ Colour _____

Transponder number (15 digits, digits only) _____

Keeper of the animal is _____
Not required, if you yourself are the keeper

Pet presented, either today or in the future, is used for food production ..... Yes ☐ No ☐

Pet of an agricultural holding ..... Yes ☐ No ☐

Pet with official duties ..... e.g. police, customs, forestry Yes ☐ No ☐

Outdoor cat ..... Only to be completed for cats Yes ☐ No ☐

Pet has health insurance _____ OP insurance ☐ Comprehensive health insurance ☐
If provided, specify insurer

MEDICAL HISTORY – previous illness, medication, intolerances, allergies

_____

_____

Last vaccination on _____
Please provide us with the EU pet passport or vaccination certificate of your presented animal

Pet came from abroad _____ Yes ☐ No ☐
If »yes« please specify **the country**

REFERRING VETERINARY CLINIC?

Would you like us to send details of the treatment received here to your previous veterinary clinic?
If so, please provide details of the veterinary clinic here:

Veterinary clinic _____

City / Address _____

Bitte wenden

VETERINARY MEDICAL TREATMENT AGREEMENT

between

Last name | First Name | Birth date

and Tierarzt Plus München GmbH (Team für Tiere – Tierarztpraxis am Gasteig) the following treatment agreement is hereby concluded:

1. **Authorization of Veterinary Services:** I hereby commission Tierarzt Plus München GmbH (Team für Tiere – Tierarztpraxis am Gasteig) to provide veterinary services for animals that I present at the clinic.
2. **Declaration of Ownership or Authorization:** I confirm that I am the owner of the animals presented and authorized to enter into this agreement. If I am not the owner of the animals presented, I confirm that I am acting with the explicit authorization of the animal's owner. If no such authorization exists or the owner denies such authorization, I hereby acknowledge that I will be responsible for all costs incurred as a result of the treatment.
3. **Payment Terms:** Even in the case of animals covered by insurance, payment must be made directly and personally by you in our clinic. All payments are due – regardless of the outcome of the treatment – immediately after the treatment or, in the case of surgeries, upon collection of the animal. If the animal is presented during emergency service hours, a surcharge will be applied in accordance with §4 of the German Fee Regulation for Veterinarians (GOT). **Payments can only be made via EC/credit card or cash.**
4. **Authorization to Incur Third-Party Costs:** To the extent required for veterinary diagnosis, you authorize and empower us to procure services from third parties (such as laboratory or specialist examinations) in your name and at your expense, and to make advance payments on your behalf.
5. **Severability Clause:** Should any provision of this agreement be invalid, the validity of the remaining provisions shall not be affected. The invalid or unenforceable provision shall be replaced by a provision that most closely reflects the intended economic purpose of the original. The same shall apply in the event of a contractual omission.

Date | X | **Signature of Contracting Party (Client)**
(If the client is a minor, the signature of a legal guardian is required)

DETAILS ABOUT OUR CLINIC

Complete Contact Information: Team für Tiere – Tierarztpraxis am Gasteig · Innere Wiener Str. 8 · 81667 München
089 99 95 20 10 · praxis@tierarzt-muenchen.de · www.tierarzt-muenchen.de

Responsible Supervisory Authority: Bayerische Landestierärztekammer · Bavariastraße 7a · 80336 München · 089 21 99 08 0 · kontakt@bltk.de

Professional Liability Insurance: Continentale Versicherungsverbund · 0231 91 90

Applicable Professional Regulations: The following professional regulations apply: Berufsordnung für Tierärztinnen und Tierärzte in Bayern und Heilberufe-Kammergesetz - HKaG.

INFORMATION ON THE PROCESSING OF PERSONAL DATA

In the course of the customer relationship between you and us, **Tierarzt Plus München GmbH** collects and processes the personal data you provided during registration, as well as any data we receive from you in the further course of the relationship. Detailed information regarding the **type, scope, purpose, and legal basis** of data processing, your **rights in this regard**, the **contact details of our Data Protection Officer**, and many other aspects can be found in our **Privacy Policy**, which is available in its current version online at **www.tierarzt-muenchen.de/datenschutz/**. Upon request, we will gladly provide you with a printed copy of the Privacy Policy.