

REGISTRATION

CONTRACTUAL PARTNER

Title Mrs. ☐ Ms. ☐ Mr. ☐ Mx. ☐

Last name First Name Date of birth

Street, number

Zip code, city

Telephone (preferably 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

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.....

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



VETERINARY MEDICAL TREATMENT AGREEMENT

between

Last name

First Name

Birth date

and Tierarzt Plus B&N GmbH (Tierarztpraxis Zuckerhaus) the following treatment agreement is hereby concluded:

1. Authorization of Veterinary Services:

I hereby commission Tierarzt Plus B&N GmbH (Tierarztpraxis Zuckerhaus) 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.

X

Date

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: Tierarztpraxis Zuckerhaus · Zuckerstraße 17 · 30880 Laatzen · 05102 67 52 26 6
info@tierarztpraxis-zuckerhaus.de · www.tierarztpraxis-zuckerhaus.de

Responsible Supervisory Authority: Tierärztekammer Niedersachsen · Fichtestraße 13 · 30625 Hannover
0511 65 51 18 20 · mail@tknds.de

Professional Liability Insurance: LVM Versicherung · 0251 70 20

Applicable Professional Regulations: The following professional regulations apply: Berufsordnung der Landestierärztekammer Niedersachsen und Kammergesetz für die Heilberufe (HKG).

INFORMATION ON THE PROCESSING OF PERSONAL DATA

In the course of the customer relationship between you and us, **Tierarzt Plus B&N 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.tierarztpraxis-zuckerhaus.de/datenschutz. Upon request, we will gladly provide you with a printed copy of the Privacy Policy.

