Registration form
Equine department/Dental clinic

TIERÄRZTLICHE KLINIK GESSERTSHAUSEN

STATUS 01/26

Patient owner/client:

Surname/first name:_____

Street/No.:_____

Postcode/place of residence:_____

*Date/place of birth:_____

E-mail adress:_____

Telephone/mobile phone:_____

Animal:

Name:_____ ID number:_____

Breed:_____ Chip number:_____

Date of birth:_____ Colour:_____ Weight (kg):_____

Slaughter horse (acc. to equine passport): ☐ no ☐ yes

Tetanus vaccination: ☐ no ☐ yes, last vaccination:_____

Gender: ☐ mare ☐ stallion ☐ gelding

Reason for today's visit:_____

Known allergies/intolerances/pre-existing conditions:_____

Specific characteristics (bad habits, etc.):_____

Chronic diseases:_____

Primary veterinarian: ☐ no ☐ yes, name and location:_____

Referring veterinarian (name and location):_____

Insurance:

Surgery insurance: ☐ no ☐ yes, insurance number:_____

Pet health insurance: ☐ no ☐ yes, insurance number:_____

Should we take care of the insurance settlement? ☐ no ☐ yes, please also fill out the "Declaration of Assignment" form

Please send us your insurance policy (by email or as a copy)!

Additional important informationen:

in case of colic, if not reachable by telephone, authorisation for surgery is given ☐ yes ☐ no

additional, detailed blood test desired ☐ yes ☐ no

additional dental check-up and treatment desired if necessary ☐ yes ☐ no

PLEASE TURN

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Important information - In general

- Please present your identity card when registering for the first time.
- Please note our general terms and conditions (displayed in the waiting room, on our homepage).
- It is not permitted to take photos or videos on the clinic premises without authorisation.
- A fee will be charged for appointments cancelled at short notice (at least 24 hours in advance).
  For dental and jaw patients, please refer to the enclosed information sheet.
- Consignors who culpably hand over animals with hidden, infectious diseases or malignant animals without informing us are liable for any resulting damage.
- The consignor of the animal is obliged to disclose any vices or known intolerances to medication or feed, as well as chronic illnesses and special risks at the time of admission.
- No liability is assumed for accidents, escaping and diseases occurring during the in-patient treatment.
- During its stay in the hospital – in-patient or outpatient – the animal has a third-party liability insurance. Any and all damages caused by the patient to the furniture and equipment or to medical devices are thus covered.
- The attending veterinarian is authorised to carry out any necessary treatment or, in an emergency, a painless euthanasia of the animal also without the explicit consent of the owner. In particular, in case of a treatment emergency, the owner also consents to treat the animal with medication that is not approved for use in animals. This means that the animal may no longer be used for food production. A corresponding entry must be made in the horse passport.
- No liability can be assumed for a successful surgery or treatment result.
- If you leave your horse trailer, equipment and other accessories of your animal with us at the clinic, these items are excluded from any liability.

Important information - Cost overview and payment

- We charge for the services we provide for your pet in accordance with the current scale of fees for veterinarians (Gebührenordnung für Tierärzte - GOT). You will be informed of the costs before treatment begins. The costs for treatments and operations for your pet are due at the end of the consultation or on collection. Please note that increased charges apply for emergency service, night and weekend treatments and emergency operations in accordance with the GOT.
- Invoice amounts up to €150 must be paid immediately.
- The owner is obliged to collect the animal immediately upon request. An agreed deposit must be paid in cash or by card on collection.
- The veterinary clinic is authorised to retain the animal until the treatment costs have been paid in total.
- The daily rate for boxing and feeding is charged per calendar day.

Consent to the use of my contact details

to send reminders (e.g. vaccinations)	☐ yes	☐ no
to send treatment data (e.g. laboratory, vet, owner)	☐ yes	☐ no
to send documents (e.g. medicinal product documentation, vouchers, receipts) by e-mail	☐ yes	☐ no

I have received the clinic's **„Information on data protection"**. With my signature, I confirm the content of this contract, the accuracy of my personal details and the information provided and accept the General Terms and Conditions of the clinic that I have taken note of.

I fully recognise the conditions of admission:

_____ _____

Place, date Signature of the client**

*Only required for invoicing
**As an authorised representative, I declare that I am acting on the express instructions of the owner or keeper of the animal.