# Declaration of assignment

STATUS 11/26

**The policyholder/pet owner**

Last name/First name:_____

Street/House number:_____

Postalcode/city:_____

**hereby assigns his claims arising from the surgical/full coverage insurance for his animal with the**

Name of the insurance company:_____

Insurance number:_____

**towards the insurance company, due to veterinary treatment of the following animal**

Animal species (e.g., dog, cat, horse, etc.):_____

Name:_____

**entitled to, to the veterinary clinic listed below:**

Tierärztliche Klinik Gessertshausen Altano GmbH

Grasweg 2

86459 Gessertshausen

**This assignment applies to: (to be completed by the veterinary clinic)**

Invoice number:_____

or the

Treatment period:_____

**Declaration of consent by the policyholder/pet owner:**

By signing this document, the policyholder/pet owner agrees that the named veterinary clinic may obtain information from the insurance company about the coverage and existence of insurance protection under the above-mentioned insurance contract and about any claims, to the extent necessary for the purpose of processing the veterinary treatment and settling the treatment costs, in accordance with the statutory data protection provisions.

In the case of non-existence of insurance coverage, the client is personally liable in full for the costs incurred. Amounts not covered by the insurance will be invoiced to the client.

_____ _____

Place, date Signature of the policyholder/pet owner

The aforementioned veterinary clinic accepts the assignment:

Tierärztliche Klinik Gessertshausen
Altano GmbH
Grasweg 2, 86459 Gessertshausen
Tel.: 0 82 38/9 61 80
Mail: info@tierklinik-gessertshausen.de

_____ _____

Place, date Stamp, signature of the veterinary clinic