

Animal Registration Form

(Please complete this form in block capitals)

Information about Animal Owner (one person only)

Form of address:	Mr. ___ Mrs. ___ (please mark with a cross)
Name:	
First Name:	
Street / Number.:	
Zip Code / City:	
E-Mail:	
Phone (private):	
Phone (mobile):	
Your local vet:	

Data were cross checked after presenting the identity card

from MA _____

Information about Animal

Name:	
Species: (Dog/Cat/other)	
Breed:	
Fur Color:	
Date of birth DD/MM/YY:	
Tattoo/Chip number.:	
Sex:	<input type="checkbox"/> female <input type="checkbox"/> male
Is your animal neutered/castrated?	<input type="checkbox"/> yes <input type="checkbox"/> no
Please weigh your dog(kg):	

Treatment Contract

I assure you that I am the owner of the animal and therefore entitled to conclude a contract for the execution of necessary treatments and surgeries. I ensure furthermore that I am willing and able to pay for the cost incurred. I declare in this context that at the time of this declaration I am not involved in any judicial debt proceedings and that the relevant debt register of the local court does not have any entries on my person. As far as it is necessary to find a diagnosis, I authorize the employees of the clinic to empower third parties (e.g. laboratory) to bill me directly.

I immediately pay for the costs incurred after each treatment.

I acknowledge that the clinic has a right to restrain the animal when I am not willing or able to pay for the costs incurred in cash or debit/credit card.

Norderstedt, _____
Place, Date

Signature

I am not the owner of the animal and therefore considered as an "authorized bearer" and I hereby can assure you to act on behalf of the animal holder.

If there is no authorization, or if the holder denies my authorization, **I assure that I will pay for the costs incurred.**

Information about the Authorized Bearer

Name:	
First Name:	
Street / Number.:	
Zip Code / City:	
E-Mail:	
Phone (private):	
Phone (mobile)	

Norderstedt, _____
Place, Date

Signature

Declaration of consent for the use of data for further purposes

Evidensia Tierärztliche Klinik für Kleintiere Norderstedt GmbH
Kabels Stieg 41
22850 Norderstedt
Tel.: 0 40/52 98 94-0
Fax: 0 40/52 98 94-55
info@tierklinik-norderstedt.de

With my signature I agree that Evidensia Tierärztliche Klinik für Kleintiere Norderstedt GmbH is allowed to collect my personal data from the animal registration form for the purpose of the execution of the veterinary treatment contract based on legal permissions.

This includes, among other things, the establishment of contact by e-mail and by phone for the following purposes: billing, discussion and dispatch of treatment data, appointments or other declarations of consent.

Your consent is required on a regular basis for any other use of personal data and for collecting additional information, as well as for forwarding to third parties. You can voluntarily grant such consent below.

Declaration of consent for the use of data for further purposes

(Please mark with a cross)

I agree that the collected data can be transmitted to other veterinary practices and clinics, in the context of veterinary referrals, if required and necessary.

I agree to the transfer of collected findings to our local veterinarian/referring veterinarian (please cross out what does not apply).

I agree that _____ may receive information about my animal mentioned on page 1.

I agree that the collected data can be transferred to laboratories and institutes for advanced diagnostics if required and necessary.

Norderstedt, _____
Place, Date

Signature _

Data protecting information

Privacy Policy

The safety of your personal data is very important to us. We process your data exclusively in the framework of the legal regulations (EU-General Data Protection Regulation, Federal Data Protection Act). Below we would like to inform you about the most important aspects of data processing in the context of our business relationship.

Collecting and processing of data

We process those data that you as a customer provide to us for the execution of pre-contractual actions and the conclusion of the contract.

The data processing is used for the following purposes:

As part of our business relationship, the data you provided will be processed to carry out pre-contractual measures and to be able to fulfil the contract.

Legal basis of data processing:

Data processing is based on Art. 6 Abs. 1 lit. b der GDPR (contract initiation and -fulfilment). We need your data (Name and Address) to conclude and to execute the examination/treatment contract to process it to your complete satisfaction. In addition, data processing is based on Art. 6 Abs. 1 lit. a der GDPR (Consent).

Use of data

We use your data exclusively for the execution of the contract, to answer your inquiries, for accounting and billing purposes as well as for technical administration. Your data will be deleted when it is no longer required to fulfill the purpose for which it was saved or when the storage of your data becomes illegal for legal reasons. Data for billing and accounting purposes are not affected by a deleting request. Data cannot be deleted if there are legal regulation forcing us to store processed data.

Your rights

In principle you have the right to information, correction, deletion, limitation of processing, data portability, revocation, and contradiction of your data. If you believe that processing your data violates the data protection law or your data protection claims have been violated in any other way, you can complain to the supervisory authority. This is the federal state data protection authority (Landesdatenschutzbehörde Schleswig-Holstein, Holstenstraße 98 in 24103 Kiel).

Your right to limit data processing includes the authority to revoke your data being forwarded to third parties.

Contact Details

Evidensia Tierärztliche Klinik für Kleintiere Norderstedt GmbH, Kabels Stieg 41, 22850 Norderstedt.

You can contact our data protection supervisor via:
datenschutz@tierklinik-norderstedt.de