



Registration form

Please be sure to fill in completely and in block letters. To verify your personal data, we ask you to submit a valid identity document.

OWNER'S INFORMATION

First name

Surname

Street

ZIP-Code/ Residence

Phone

E-mail

☐ I am 18 years old and have full legal capacity

REFERRING VETERINARIAN

Name

Address

PRIVATE VETERINARIAN

Name

Address

PATIENT'S INFORMATION

Name

Species ☐ Dog ☐ Cat ☐ Rodent

Breed

Date of Birth

Sex ☐ female ☐ spayed
☐ male ☐ intact

Weight

Coat colour

Tattoo-/ Transponder-ID:

Do you have an insurance? ☐ Yes ☐ No

Insurance provider:

IMPORTANT NOTE

For organizational reasons, we only bill your insurance company directly for amounts of more than EUR 300. For invoices of less than EUR 300, advance payment by the policyholder is mandatory.

Payment options: ☐ Cash ☐ EC-or Creditcard*

* VISA, Mastercard, American Express, JCB, Diners Club. provided creditworthiness

I affirm the ownership of the animal or acting on behalf the owner's consent. I affirm that all costs arising with the treatment contract will be paid in full immediately or, in case of inpatient care, when picking up the patient. In exceptional cases, payment can be made on account after making a deposit of 75%. This is decided on a case-by-case basis by the surgery's administration and must be clarified before using our service. I expressly agree to this approach.

Date

Signature



Payment of costs resulting from the treatment contract

Please be sure to fill in completely and in block letters. To verify your personal data, we ask you to submit a valid identity document.

COST ACCEPTOR

First name _____

Surname _____

Street _____

ZIP-Code/ Residence _____

Phone _____

E-Mail _____

I affirm the ownership of the animal or acting on behalf the owner's consent. I affirm that all costs arising with the treatment contract will be paid in full immediately or, in case of inpatient care, when picking up the patient. In exceptional cases, payment can be made on account after making a deposit of 75%. This is decided on a case-by-case basis by the surgery's administration and must be clarified before using our service. I expressly agree to this approach.

Payment options:

- ☐ Cash
- ☐ EC- or Creditcard*

*VISA, Mastercard, American Express, JCB, Diners Club.

Provided creditworthiness

☐ I am 18 years old and have full legal capacity

Date

Signature

General terms and conditions

- 1) The treatment and hospitalization of the presented animal takes place exclusively based on the admission form and the terms and conditions of *Die Kleintierärzte Düsseldorf*. The consignor is obligated to fill out the admission form completely and truthfully upon admission of the animal. If no information can be provided regarding individual points, this must be clearly indicated on the admission form.
- 2) The consignor assures that the patient owner agrees to the treatment of the animal and will bear the costs arising from the treatment. If the Consignor has not received authorization from the Patient Owner, the Consignor is liable for the costs incurred.
- 3) The expected costs for treatment and examinations of an animal can only be given as a rough estimate with a high fluctuation range before the treatment is completed. If necessary, estimated values given in advance by *Die Kleintierärzte Düsseldorf* are in no way to be understood as fixed prices, but only represent average costs, which may vary in individual cases, depending on the course of treatment.
- 4) *Die Kleintierärzte Düsseldorf* owes the careful and conscientious examination of the animal as well as the performance of the required therapy according to veterinary standards and the respective order. *Die Kleintierärzte Düsseldorf* does not guarantee the success of an operation or treatment. *Die Kleintierärzte Düsseldorf* has informed the patient's owner or the consignor representing the patient's owner about the type and manner of treatment and possible risks. In knowledge of these risks, the consent to the treatment has been given, so that claims for damages due to typical risks or complications are excluded.
- 5) No liability is assumed for damage or loss of the animal caused by accidents, infections or other circumstances.



Einwilligung in die Datenverarbeitung

EVIDENSIA Tierkliniken und -praxen Nordrhein GmbH
-Die Kleintierärzte Düsseldorf-
Volmerswerther Straße 80-86
40221 Düsseldorf

Das Wohlergehen Ihres Tieres steht für uns an oberster Stelle. Wir sind Ihnen sehr dankbar, wenn Sie uns dabei unterstützen. Um die Gesundheit Ihres Tieres bestmöglich zu gewährleisten, möchten wir Ihnen regelmäßig Informationen zukommen lassen, die Ihnen helfen, die richtige Entscheidung zu treffen.

Insbesondere möchten wir Sie aus den folgenden Anlässen telefonisch kontaktieren:

- Praxisbezogene Informationen (z. B. Änderung der Geschäftsanschrift, Praxisurlaub, bevorstehende Events, Änderung der Sprechzeiten, Umbau)
- Information rund um die Leistungen unserer Praxis (z. B. Erinnerungen an Nachfolgeimpfungen, Erstimpfung passend zum Tier (insbesondere aufgrund gegenwärtig kursierender Krankheiten), jährliche Auffrischungsimpfungen, Kontroll- und Vorsorgeuntersuchungen (z. B. Dental-Check, Zecken-Prävention).
- Produktinformationen, Tiernahrung passend zum Tier, Senioren-Check nach typischen altersbedingten Krankheiten und Anfälligkeiten.

Zudem möchten wir Sie aus den folgenden Anlässen per E-Mail kontaktieren:

- Regelmäßige Informationen, Neuigkeiten, Angebote zu tierrelevanten Themen und zu unserer Unternehmens-Gruppe per Newsletter.

Sie haben gemäß Art. 7 Abs. 3 DSGVO das Recht, eine einmal erteilte Einwilligung jederzeit uns gegenüber zu widerrufen. Dies hat zur Folge, dass wir die Datenverarbeitung, die auf dieser Einwilligung beruhte, für die Zukunft nicht mehr fortführen. Durch den Widerruf der Einwilligung wird die Rechtmäßigkeit, der aufgrund der Einwilligung bis zum Widerruf erfolgten Verarbeitung nicht berührt. Den Widerruf Ihrer Einwilligung können Sie an die obige Anschrift richten.

Ich erteile hiermit freiwillig meine Einwilligung in die oben genannte Verwendung meiner Daten.

Vorname, Nachname

Datum, Unterschrift



Awareness survey

In order to optimise our services, please provide us with the following information.

How did you find us?

(please tick)

- ☐ Google Search
- ☐ Google Maps
- ☐ Google MyBusiness
- ☐ Facebook
- ☐ Instagram
- ☐ Public advertisement (e. g. postering)
- ☐ Website
- ☐ Personal recommendation
- ☐ Recommendation/ referral from other veterinarian
- ☐ Other (Youtube, broadcasting, TV, journal)

Your trust

Your trust is important to us. We understand your concerns and wishes. That's why we help our patients not only with commitment and passion, but also with modern technology and excellently trained staff. If you are not satisfied with our services, please contact our quality management at qualitaet@diekleintieraerzte.de.