

Admission form

Pet Owner's Information: Have you been here before? When? _____

Surname: _____ First name: _____ Title: _____

Date of birth: _____

Address: _____

Zip Code: _____ City: _____

Telephone number: _____ Mobile number: _____

E-Mail address: _____

Pet:

Name: _____ Date of birth: _____ Coat Color: _____

Breed: _____ Weight: _____ Sex: _____ neutered:

Chip/Tattoo number: _____

Is your pet on **medication**? Which? _____

Do you have a **pet insurance**? No
 Yes - What is the name of the insurance?

Reason for your visit: _____

Home vet (if available): _____

Yes, please pass on my data to my home vet until further notice.

No, please do **not** pass on my data to my home vet until further notice.

Transfer of personal data, animal information and course of treatment to third parties;

Yes, I agree. No, I do **not** agree.

More details and our external partners are listed in "information about the data protection of Tierklinik Lüneburg".

I will pay: Cash via Master card via Credit card

With my signature I guarantee that I will pay all treatment-, medication- as well as laboratory expenses at once and completely via Master-, credit card or cash. All informations are subject to the medical secrecy. I also agree to the further processing and storage of my personal data, in particular a copy of my identity card.

I received the informations on the data protection regulation of TierKlinik Lüneburg (according Art. 13 DSGVO) and agree.

Date _____ Signature _____
(Pet Owner/Client)