

## Admission form

**Pet Owner's Information:** When was your last/is your first appointment here? *Date, Time:* \_\_\_\_\_

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:** \_\_\_\_\_

Referring veterinarian/general practice vet (if available): \_\_\_\_\_

Yes, please pass on my data to my referring veterinarian/general practice vet until further notice.

No, please do **not** pass on my data to my referring veterinarian/general practice 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. I am solvent and have not submitted an affidavit. I also agree to the storage and further processing of my personal data, in particular to the deposit of a copy of my identity card\* and the obtaining of a credit report about myself.**

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

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Pet Owner/Client)