



**Gesundheits- und Rehabilitationszentrum
für Kleintiere Altenessen**
Tierärztliche Klinik für Kleintiere
Dr. med. vet. Jan Apelt

Patient Admission Form / Contract of Consultation

For our patient file we request the following information: (please fill in legibly in block letters!)

Owner and animal details		
Last name		First name
Street / House number		Mail
Post code / City		Phone
Animal species	Name	Date of birth
Breed	Color	Weight
Veterinarian:		Animal used for food production <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Neutered <input type="checkbox"/> No <input type="checkbox"/> Yes	Foreign import <input type="checkbox"/> No <input type="checkbox"/> Yes/ Country _____
Pet insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes/ Company: _____	Insurance number: _____
Insurance start date: _____	<input type="checkbox"/> Surgically insured	<input type="checkbox"/> Fully insured

Payment options

Please understand that treatments, clinical services and dispensing of medication **are to be paid in full directly after the consultation.**

Payment method	<input type="checkbox"/> Cash	<input type="checkbox"/> Bank card	<input type="checkbox"/> Credit card
-----------------------	--------------------------------------	---	---

The basis for the preparation of liquidation is the Veterinary Fee Schedule (Gebührenordnung für Tierärzte) and the Pharmaceutical Price Regulation (Arzneimittel- Preisverordnung).

Payment takes place immediately after the treatment. If you are unable to pay in full, please speak to us before the consultation and have your valid identification papers with confirmation of current registered German address ready.

I am aware that the vet clinic Dr. med. vet. Jan Apelt has a right of retention over the treated animal if I am not willing or able to pay the costs incurred by the treatment of the animal.

Please turn over and fill the reverse side!

I hereby consent to the use or disclosure of personal data, information about the animal and the course of treatment to me and third parties:

For successful treatment it is necessary that the collected data, as necessary for diagnosis, are transmitted unencrypted to examination laboratories, institutes, other veterinarians and experts in the course of further treatment and diagnostics via mail, interface, fax or telephone.

A list our partners is available for information.

Forwarding of information to family members or other people	<input type="checkbox"/> Spouse/Partner
Name, Date of birth:	<input type="checkbox"/> Other person
I want my details to be passed on to the missing pet register	<input type="checkbox"/> Yes

I also agree that the **information on treatments, any necessary billing documents and other measures** may be sent to the contact details I provided.

You can revoke your consent at any time without giving reasons.

Consultation Contract

I hereby instruct the vet clinic Dr. med. vet. Jan Apelt to treat the animal named above.

I certify that I am the owner of the animal and that I am entitled to complete a contract for the service of treatment and care. If I am not the owner of the animal, I affirm that I am acting on behalf of the owner of the animal. In the absence of an authorisation or if the animal owner denies an authorisation, I hereby confirm that I am responsible for the treatment costs incurred.

In this context, I declare that at this time I am not in any legal debt proceedings and that the debtor's register of cases at my registered city has no entries about my person.

With my signature I confirm the correctness of my personal data and give the order for the examination or treatment/surgery of the animal named above. If it is necessary for the diagnosis I hereby authorize the vet clinic Dr. med. vet. Apelt to use the services of third parties (laboratories, special examination institutes, etc.) in my name and at my expense.

In the case of **inpatient admission** and/or **operations** I hereby accept security payments, credit checks if necessary and the identification of my person by inspection of my valid identification papers with confirmation of the current registered German address.

I am aware that after the fee claim has been assigned, the Tierärztliche Verrechnungsstelle NRW r. V. appears to me as the claimant and therefore any objects to the claim – including those that arise from the treatment and/or the medical history - are to be addressed to the Tierärztliche Verrechnungsstelle NRW r. V.

Outside office hours / in the emergency service, additional costs are incurred according to the set Schedule of Veterinary Fees.

I accept the **terms of payment** and confirm that I have read the information on **data protection** according to the Art. 13 DSGVO rules.

We use software to facilitate our documentation so that we have even more time for our patients. For this purpose, conversations may be recorded if necessary. If you do not agree to this, please let us know. You may withdraw your consent at any time with effect for the future.

We would like to point out that we take anonymous patient photos for the follow-up of disease progression etc.. These may also be used in social media, on the website, in specialist literature or for publications (without owner data). If you do not wish this to happen, please inform us explicitly when you register so that it can be stored in your file.

I hereby confirm that I am of full age and legal capacity.

Essen, Date:	Signature Owner / Carer
--------------	-------------------------