



Your pet - our passion

<b>Information about the client:</b>					
Last name*		First name*		Date of birth* <sup>1</sup> (for identification purposes)	
Street*		Post code*		City*	
Phone (private)*		Profession			
Mobile		E-Mail			
Phone (business)		Fax			
Payment (please select): <input type="radio"/> Cash <input type="radio"/> EC card <input type="radio"/> credit card					
<b>Information about the patient:</b>					
Given name		Species / Breed		Date of birth	
Colour		Gender: <input type="radio"/> male <input type="radio"/> female <input type="radio"/> neutered                  For cats: out door cat? <input type="radio"/> Yes / <input type="radio"/> No			
Weight		Chip no. / Tattoo			
Pre-existing diseases/conditions:			Long term medication / specific characteristics:		
Is your animal used in the production of food?*			Are you a commercial owner?		
<input type="radio"/> Yes / <input type="radio"/> No			<input type="radio"/> Yes / <input type="radio"/> No		
Is your animal held or used as a production animal? <input type="radio"/> Yes / <input type="radio"/> N					
Pet health insurance:                  If yes: name of insurance company, policy no.:					
Referring veterinarian / physiotherapist:				I hereby expressly state that NO feedback should be given:	
				<input type="text"/>	
Veterinary practitioner:				I hereby expressly state that NO feedback should be given:	
				<input type="text"/>	

**\*Required field      \*1 only relevant for payment by invoice      – Please read our privacy policy overleaf and complete the fields –**

### Privacy Policy:

Data is processed by Tiergesundheitszentrum Grussendorf PartG mbB-Tierärzte, on the basis of Art. 6 (1) (b) of the EU General Data Protection Regulation (GDPR) in conjunction with the performance of a contract to which the data subject is a party, or with the performance of pre-contractual measures carried out at the request of the data subject. We need such data to carry out and bill for the treatment(s), sale of medication and feed. Information concerning the pet/animal, the diagnosed disease(s) and the course of treatment is used for scientific studies or work. If the data is not provided, we will only carry out mandatory emergency treatments. In addition to the information contained in this master data sheet, we record the treatments that are carried out, including notes, associated documents and image files (e.g. ultrasound, X-ray images), correspondence (letters, e-mails, faxes), checklists and any previous illnesses or veterinary pre-treatments conducted by the referring veterinarian. Subject to your consent, we will provide your details (name, address, telephone number, e-mail address) for HD X-ray orders to the respective breeding association as well as after chipping to TASSO eV. Information will only be forwarded to the referring veterinarian, pet doctor or physiotherapist provided that you have given us your consent to do so on the first page. No data will be transmitted to a third country or to international organisations. Before hospitalisation or operations, we ask you to present your identity card or passport.

**O CONSENT:** I hereby agree that Tiergesundheitszentrum Grußendorf PartG mbB-Tierärzte may pass on my name, address and, where needed, my phone numbers and e-mail address as well as information concerning the pet/animal to the following third parties, provided that this is necessary for diagnoses, treatment or for any other means of performing the contract:

IDEXX Vet Med Labor | LABOKLIN GmbH & Co KG | Harnsteinanalysezentrum Bonn | TIERKLINIK KALBACH Radiologie | Antech Lab Germany GmbH | Viro Vet Diagnostik UG Gießen | Petbiocell GmbH | Stiftung Tierärztliche Hochschule Hannover Institute | HSB-Blendivet GmbH | Kleintierkrematorium im Rosengarten GmbH | Bioscientia – Institut für med. Diagnostik GmbH |

### Payment by EC card / credit card

Payment is handled by Nexi Germany GmbH (direct debit / girocard / credit card). Full details of Nexi Germany GmbH's privacy policy can be found at [www.nexi.de](http://www.nexi.de); further information is alternatively also available at the time of registration.

### Payment by invoice

Customers paying against an invoice will receive the invoice from the billing service provider BFS health finance GmbH. Prior to the treatment commencing, your personal data will, after checking your identity card or passport, be electronically transmitted for the purpose of running a credit check (automated decision-making) and, where applicable, to enable BFS health finance GmbH, Hülshof 24, 44369 Dortmund Tel.: 0231-945 362 999 to raise an invoice. The decision as to whether payment by invoice has been accepted will be conveyed to us. We have no influence over the decision that is made, nor are we informed as to the reasons behind it. Further information on this can be found e.g. in the BFS company brochure which is available for review at Reception. Insofar as the invoice amount has been paid in full, the data pertaining to the payment demand will be erased or anonymised after expiry of the statutory retention periods (10 years) in accordance with Sections 257 and of the German Commercial Code (HGB). You have the right, at any time, to obtain information free of charge as to the origin, recipients and purpose for which your personal data has been saved. You also have the right to request the correction, blocking, erasure or transfer of this data.

You may request such action from us or direct any other questions that you have about data protection at any time. Moreover, you may contact our data protection officer, Joachim Löwe (external data protection officer), VetQM GmbH, Van-Melle-Str. 1, 32760 Detmold, Tel.: 03727-640674, with any questions you may have. You furthermore have the right to lodge an appeal with the corresponding supervisory authority in charge of data protection.

I hereby warrant that I am owner of the pet/animal and/or entitled to enter into a contract governing the services and/or the acquisition of the medical products provided by Tiergesundheitszentrum Grußendorf PartG mbB-Tierärzte and to forward to Tiergesundheitszentrum Grußendorf PartG mbB-Tierärzte the personal data concerning the pet/animal owner that is required for treatment, diagnosis and invoicing purposes. Unless I am the owner of the pet/animal, I hereby warrant that I am acting on behalf of the owner of the pet/animal. Should the required authorisation not be forthcoming or the pet/animal owner deny such authorisation, I hereby confirm that I will cover the costs arising from the treatment.

By signing this document, I hereby confirm that my personal details are true and accurate and that I have requested that my pet/animal be examined/treated or undergo surgery. To the extent that a diagnosis is required, I hereby authorise the owner and the staff of the practice to use third-party services (laboratories, etc.) in my name and for my account. In the event of any disputes, I hereby recognise Bersenbrück as the place of jurisdiction.

Bramsche, (date)	Signature
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