

Registration Form
Welcome to the animal practice Hadern!

Owner:

Surname: _____ first name: _____

Street: _____ Date of birth: _____

Zip code: _____ City: _____

Telephone: _____ Fax: _____

Mobile: _____ E-Mail: _____

Patient

Species: _____ Breed: _____

Name: _____ Date of birth: _____

Gender: male female neutered fur color: _____

Microchip Nr.: _____ EU-Pet Pass Nr.: _____

Known Diseases: _____

How did you come to notice us?

Recommendation Internet Phone book others: _____

Information service

I agree to receive information regarding the health of my pet and upcoming appointments (e.g. Vaccination reminder).

Yes No

I wish to receive additional information from the animal practice Hadern, for example newsletters and seminar schedules:

Yes No

I am aware that the incurred costs for the procedure and any item bought at the practice or store are due immediately.

I will pay via: cash cash card

With my signature I conclude the contract for the examination, consultation and treatment, I confirm the correctness of the information given regarding my person and accept the terms of payment and the standard business conditions (see notice).

Place, Date

Owner's signature