

Anmeldeformular

Dear patient owner,

Welcome to AniCura Kiel GmbH. In order to get to know you and your animal a little better, we need to ask a few questions, so it would help us if you could fill out the following questionnaire. Please contact us if you have any further queries and we will be happy to assist.

Due diligence and transparency form the basis of the trusting partnership we enjoy with our clients. With this in mind, page 2 explains how we process your data and how you can exercise your rights as specified in the General Data Protection Regulation and our privacy policy [<https://www.mars.com/privacy>].

In the interest of gender neutrality and readability, all personal designations used in the following document should be construed as applying to those who identify as male, female and diverse. All personal designations should be understood to apply equally to all sexes.

Please fill out the form in block capitals.

REASON FOR VISIT TO THE PRACTICE:

OWNER CLIENT

Last name _____

First name _____

Street/No. _____

Postcode/City _____

Date of birth _____

(required solely for invoicing purposes)

Phone _____

Mobile phone* _____

E-Mail** _____

DETAILS OF PRIMARY CARE

Name _____

Address _____

Please send me a reminder for the next vaccination

I am a commercial animal owner yes no

PATIENT DETAILS

Name _____

Type of animal Dog Cat

Other _____

Breed _____ Cross-breed

Colour _____

Gender Female Male Castrated

Date of birth _____

Weight _____

Chip No. _____

Time spend abroad yes, where _____ no

Insurance Comprehensive health OP
 Liability none

Insurance company _____

Information for cats only Outdoor cat Indoor cat

The animal is a public service animal (e.g. police service) yes no

I wish to pay for the treatment using cash EC Card Credit Card

We prefer contactless payment.

All fees for veterinary services are invoiced in accordance with the valid statutory scale of fees for veterinary surgeons (GOT).

Please note that we are unable to offer any treatment or clinical services, or administer medication, on account. All operations must be paid for immediately on collection of the patient.

Please sign this document on the following page!

* If you provide your mobile phone number, we can inform you by phone/SMS about upcoming appointments or vaccinations. If you do not wish to receive this information, please contact us at datenschutz.kiel@anicura.de.

** Please note that we and AniCura use the e-mail address supplied to obtain feedback on your level of satisfaction with our treatment of your animal. We also use this data to send you information and special promotions from Anicura and affiliated companies. If you no longer wish to receive these e-mails you can unsubscribe at any time with immediate effect by sending a message to datenschutz.kiel@anicura.de or by simply clicking "Unsubscribe" at the end of each e-mail. Even if you unsubscribe, you will still receive all relevant diagnostic data.

I hereby verify that I am the owner of the animal in question and am therefore entitled to conclude this agreement allowing the provision of services by AniCura Kiel GmbH. In the event that I am not the owner of the animal, I hereby verify that I am acting with the express permission of said owner. In the absence of such permission, or in the event that the animal owner disputes that such permission has been granted, I hereby confirm that I will bear the costs incurred for all treatment.

- With my signature, I hereby confirm the accuracy and completeness of the information I have provided overleaf and give permission for the examination, treatment and – if necessary – surgery of my animal.
- I have noted that any medical findings will be passed on to primary care/follow-up vets and agree to inform you, should I not wish this.
- I acknowledge and accept that any use of emergency services will incur a surcharge in accordance with the fee regulation for veterinarians.
- I understand that I can request a cost estimate at any time and I will contact you should I require an estimate or have any queries concerning costs.
- I confirm that my animal is not used for food production. If this is the case, I will inform AniCura Kiel GmbH.
- I confirm that my animal does not belong to an agricultural herd. If this is the case, I will inform AniCura Kiel GmbH.

I confirm that I have read and understood the General Terms and Conditions provided on-site and accept their validity in terms of any treatment.

Privacy Notice:

The accountable body for data processing is AniCura Kiel GmbH, represented by Dr. med. vet. Matthias Böhm und Dr. med. ved. Pay Wiemer. You can reach our data protection officer at: AniCura Kiel GmbH | Data protection officer | Kirchhofallee 70 | 24114 Kiel | www.anicura.de/kiel | E-Mail: datenschutz.kiel@anicura.de.

AniCura is part of the Mars Veterinary Health group of companies. In the Mars privacy policy [<https://www.mars.com/privacy>] you can find out how AniCura and our owner Mars Petcare [<https://deu.mars.com/made-by-mars/petcare>] collect and process your data, how you can contact us with questions about data protection and how you can exercise your rights in relation to personal data.

We will only process or use personal data gathered on this form for the execution of contractual services. Any alternative use of your data requires the existence of a relevant legal basis.

If you have been referred to us by another veterinary practice/clinic, they will also forward the following personal data: Name, address, phone number.

All Anicura vets and employees are bound by a professional duty of confidentiality in accordance with:

- § 203 of the Criminal Code (StGB, Violation of private secrets)
- § 17 of the German Act against Unfair Competition (UWG, Betrayal of trade or industrial secrets)
- and in particular, by internally regulated rules of confidentiality.

In accordance with the Ordinance on Service Providers' Duty to Inform dated 17.5.2010, we also provide the following information:

Company management: Dr. med. vet. Matthias Böhm und Dr. med. vet. Pay Wiemer

Register entry: District court Kiel | HRB 25527 KI

VAT No.: DE353516939

Competent authority: German Chamber of Veterinary Surgeons Schleswig-Holstein Körperschaft des öffentlichen Rechts | www.tieraerztekammer-schleswig-holstein.de

Legal professional designation: Veterinary surgeon, certified in Germany

Professional liability insurance: Continentale Sachversicherung AG | Ruhrallee 92 | 44139 Dortmund

Information acc. to § 3 of the Ordinance on Service Providers' Duty to Inform

Professional regulations: The work of Anicura is governed by the professional rules and regulations of the German Chamber of Veterinary Surgeons Schleswig-Holstein Körperschaft des öffentlichen Rechts, which can be viewed at www.tieraerztekammer-schleswig-holstein.de, as well as the valid statutory scale of fees for veterinary surgeons (GOT), which can be viewed at www.tieraerzverband.de

Arbitration board: The German Chamber of Veterinary Surgeons Schleswig-Holstein Körperschaft des öffentlichen Rechts provides an arbitration board for disputes between animal owner and vet.

I accept Kiel as the place of jurisdiction in the event of any disputes..

With my signature, I confirm that I have read, understood and agree to all the conditions specified in this document.



Kiel

Date _____ Signature (in the case of minors, the signature of a legal representative is required)