

Registration Form – Questionnaire for new customers

Client / Pet Owner

Surname, Name: _____

Date of Birth: _____

Adress: _____

Tel.: _____

E-Mail: _____

Patient(s)

1. Animal

Name: _____ Species: _____ Race: _____

Gender: _____ Castr.: _____ Age/Date of birth: _____

2. Tier

Name: _____ Species: _____ Race: _____

Gender: _____ Castr.: _____ Age/Date of birth: _____

Pretreatment or long-term medication: _____

Other previous illnesses or operations: _____

Previous veterinarian: _____

Date,Place: _____

Signature: _____

Please turn over!

Consent according to article 6, paragraph 1, sentence 1 a) in conjunction with article 7 data protection Basic Regulation (GDPR)

After taking note of the above data protection notice, the following consent is given:

For the necessary and necessary purpose of the implementation of the contractual relationship, other personal data such as credit information, date of birth, bank details are processed in addition to the data already mentioned. The data processed for this purpose will be deleted after the purpose has been achieved and / or the legal retention periods have expired, but no later than 15 years.

It will not be passed on for advertising purposes or the like. The data protection regulations (BDSG, DSGVO) require consent to data storage and data processing. We therefore ask you to sign this consent.

With your following consent, you give your voluntary consent to the data processing described above.

I hereby expressly consent to the processing of my personal data to the extent and manner described above.

Date,Place: _____

Signature: _____

This consent can be revoked or changed for the future at any time without giving reasons.

The revocation must be sent to us by post or email.

However, one consequence of the revocation may then be that we can no longer or no longer continue the treatment relationship to the previous extent.

The team of the Kleintierpraxis Ihlpohl