

Registration



Tierarztpraxis Dr. Maul + Dr. Herget

Your Contact Details

First name, last name: _____ Date of birth: _____

Street & No: _____ Zip, City: _____

E-Mail: _____ Tel: _____

Pet Details

Name of the pet: _____ Date of birth: _____

(If not known, approximate age)

Gender: _____ Neutered: Date of last vaccination: _____

EU-ID no.: _____ Chip no.: _____

Species: _____ Race: _____ Color: _____

Weight: _____ Known pre-existing condition or continuous medication: _____

Name of insurance/no.: _____ OP insurance: Full insurance:

The pet is part of an agricultural herd: The pet is used for food production:

The pet executes sovereign tasks, e.g. police service: I am a professional pet owner:

Owner of the pet: _____

(not required if you are holder yourself)

Pet from abroad / longer stay abroad? _____

(If yes, place and date)

In the case of referral: details of the referring veterinarian or family veterinarian

Name: _____ Do you wish to be referred back? Yes: No:

Address: _____

How did you hear about our practice?

Recommended by: _____ Referral: Emergency Service: Facebook:
(name desired)

Website: _____ Seen by driving by: Other:

Dear patient owners,
welcome to the Tierarztpraxis Dr. Maul & Dr. Herget, Schwarzstr. 3 in 81669 München, Tel. 089 99952010, E-Mail: praxis@tierarztmuenchen.de operated by Tierarzt Plus München GmbH, Fasanenstraße 7-8, 10623 Berlin, Managing Director: Kim Middeldorf, registered in the Commercial Register of the District Court of Berlin-Charlottenburg, HRB 227109 B („us/ we“ or „practice“).

Please fill out this „Registration“ carefully, read the „Treatment Contract“ on the back at your leisure and sign it. We take data protection seriously. Therefore, please also give us your „Consent to the processing of your personal data under data protection law“ by signing the back page, so that we can start with the veterinary treatment of your pet.

Please note back!

Veterinary Treatment Contract

General

1. You instruct us to examine, treat and/or, if necessary, operate on the pet ("Treatment").
2. You affirm that you are the owner of the above-mentioned pet and/or are authorized - e.g. on behalf of the pet owner - to enter into this treatment contract with us, i.e. you declare that the pet owner agrees to the Treatment.
3. Irrespective of this, you assure that you will personally pay us the fees and costs incurred in the process according to the scale of fees for veterinarians ("GOT", Gebührenordnung für Tierärzte) against receipt of a corresponding invoice. If the pet is presented to the emergency service, a surcharge according to the GOT will apply. Such payment can only be made in cash or by EC/credit card, apart from exceptional cases in which payment is executed in the form of an individual supplement to this contract via an external billing office. Payment must be made following Treatment or, in the case of surgery, upon collection of the pet.
4. To the extent necessary to make a veterinary diagnosis, you authorize and empower us to obtain and interpret third party services (such as laboratory or special tests) on your behalf and for your account.
5. Upon request, we will provide you with a fee and cost estimate prior to Treatment.

Other information about our practice

1. Competent supervisory authority: Bayerische Landestierärztekammer, Bavariastr. 7 a, 80336 München, E-Mail: kontakt@bltk.de
2. Professional liability: Continentale Versicherungsverbund, E-Mail: info@continentale.de
3. The following professional regulations apply to our practice and this contract:
 - Federal veterinary regulations (www.gesetze-im-internet.de/bt_o/BJNR004160965.html)
 - Scale of fees for veterinarians (www.bundestieraerztekammer.de/tieraerzte/beruf/got/)
 - Professional Code and Medical Professions Chamber Act (www.bltk.de/kammer/rechtsgrundlagen-satzung/)

 Sign here

Place, date

Signature of pet owner (for minors by legal guardian)

Consent to the processing of personal data under data protection law

I hereby give my consent to the practice collecting and processing my data provided on the registration form for the purpose of executing the above and future treatment contracts with the practice. For any further data processing and disclosure to third parties, my consent is required. The data processing is based on Art. 6 para. 1 a), b) and f) GDPR. The privacy policy of the practice can be viewed at www.tierarzt-muenchen.de/datenschutz/ but can also be provided to me by the practice as a printout upon request.

Furthermore, I hereby give my consent (please delete as applicable)

- that the collected data - as far as necessary and required - may be transmitted in the context of veterinary referrals to other veterinary practices or clinics,
- that the collected data - as far as necessary and required - may be transmitted to testing laboratories and institutes in the context of further diagnostics,
- that if the pet is insured, the data collected may be transmitted to the health insurance company,
- that the collected data may also be passed on to an external billing office in exceptional cases in the form of an individual supplement to the treatment contract,
- that the collected data may continue to be processed for the intended purpose even if the practice is continued by one or more successors,
- that the practice informs me by telephone, unencrypted e-mail, SMS and/or mail about veterinary treatment and laboratory results and further scheduling of veterinary treatment (incl. vaccination reminders) and contacts me accordingly,
- that the practice informs me by telephone, unencrypted e-mail, SMS and/or mail in an up-to-date and targeted manner about its services, projects, customer loyalty measures, etc. and contacts me accordingly.

 Sign here

Place, date

Signature of pet owner (for minors by legal guardian)

Cancellation policy

You can revoke your consent at any time and without giving reasons. The legality of the data processing carried out up to that point and legal permissions remain unaffected by the revocation. If your data is processed by us pursuant to Art. 6 para. 1 p. 1 f) GDPR, you may object to the processing pursuant to Art. 21 GDPR. The revocation or objection must be sent to us verbally, by telephone, in writing or by e-mail to: Tierarztpraxis Dr. Maul & Dr. Herget, Tierarzt Plus München GmbH, Schwarzstr. 3 in 81669 München, Tel. 089 99952010, E-Mail: praxis@tierarzt-muenchen.de