

**Tierarztpraxis Dr. Sascha Schütz**

**Registration**

owner	
name	
first name	
date of birth	
street and house number	
postal code	
city	
home phone-number	
mobile phone	
fax	
e-mail	

patient	
name	
kind of animal/ breed	
colour	
date of birth	
alternative: age	
male	
female	
castrated	
tattoo-number / number of the transponder	

**Reason for the appointment / vet who referred patient (if applicable):**

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By signing this, I confirm the accuracy of my given personal data and I instruct the veterinary practice to examine / treat my pet. I assure that I am the owner of the pet or that I act on the explicit instructions of the owner. I assure that I am entitled to enter into an agreement concerning the carrying out of necessary treatment and operations and that I am prepared as well as capable to bear the arising costs. In this connection I announce that at this juncture I am not part of any jurisdictional debt proceedings and that the debtor list does not contain any registration concerning my person. If I am not the owner of the pet, I assure that I will bear the arising costs. If necessary to make a diagnosis, I authorize the veterinary practice to commission services to a third party (laboratories e.g.) in my name and at my own expenses.

I am aware that I have to settle the arising costs immediately after the treatment / when collecting the patient in CASH or EC-CASH.

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**date, signature**