

Registration Form Page 1



AniCura Deutschland GmbH | BS: AniCura Kleintierpraxis Meckenbeuren | AC191753

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To enhance readability, gender-specific language in masculine, feminine, and non-binary forms has been omitted. All personal references are intended to be inclusive of all genders.

Patient Details (please use block letters)

Name	Species: _____ Breed: _____ o Mixed Color: _____	Birth date:
Weight in kg	Sex o male o female o neutered/spayed	☐ Animal is used for food production ☐ Animal is part of a livestock population ☐ Animal is kept for official purposes (e.g. police service)
Health insurance available? ☐ Full coverage insurance ☐ Surgery insurance	Insurance provider: _____ ☐ Liability insurance ☐ None	Tattoo-/Microchip No.
Regular Veterinarian / Referring Clinic* Name: _____ City: _____	Foreign travel ☐ Yes, in _____ ☐ No	Information for cats only: ☐ Outdoor cat ☐ Indoor cat

Owner Information (please print in block letters)

First Name, Last Name	Street, No.	Postal Code, City
Birth date **	Phone, Mobile phone	E-Mail ***
☐ I am a commercial animal owner		
☐ I am the owner of the above-mentioned animal and confirm the accuracy of my personal details. I hereby authorize the examination and treatment, and if necessary, surgery or inpatient care of my animal.		
☐ I am not the owner of the animal but expressly confirm that I am acting on behalf of the owner. If no authorization is provided or the owner disputes the authorization, I hereby confirm that I will be responsible for any costs arising from the treatment. I confirm the accuracy of my personal details and, on behalf of the owner, hereby authorize the examination and treatment, and if necessary, surgery or inpatient care of the animal.		
☐ I found the above-mentioned animal and brought it to the practice/clinic for treatment. I confirm the accuracy of my information and agree that my personal contact details may be shared with the responsible animal shelter, local authority, and police department for contact purposes.		
Place where found:		
☐ I would like to receive an appointment reminder by ☐ SMS ☐ Email ☐ Phone call		
☐ I would like to receive a vaccination reminder by ☐ SMS ☐ Email ☐ Phone call		

*We routinely inform your primary veterinarian or referring practice about your visit and the examinations performed, so that the future care of your animal can be ensured with as complete knowledge of its medical history as possible. If you do not want us to share this information with your veterinarian or referring practice in the future, please contact us at datenschutz@anicura.de.

**We require the owner's date of birth solely for billing purposes.

***We use the email address you provided to correspond with you regarding your animal. Please note that AniCura uses the email address to ask you about your satisfaction following the treatment. If you do not wish to receive further emails, you may unsubscribe at any time for the future by notifying datenschutz@anicura.de or by clicking the unsubscribe link at the end of an email. The transmission of medical findings is not affected by this.

By signing below, I confirm the accuracy of my information and explicitly authorize the practice to proceed as described above:

Meckenbeuren, Date:	Signature:
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General Data Protection Information

The data controller is AniCura Deutschland GmbH, represented by Daniela Cleven, Thomas Rieker, and Alexander Steinmetz. You can contact our Data Protection Officer at:

AniCura Deutschland GmbH | Data Protection Officer | Marienplatz 61 | 88212 Ravensburg | www.anicura.de | Email: datenschutz@anicura.de

AniCura is part of the Mars Veterinary Health corporate group. In Mars' privacy statement [<https://www.mars.com/privacy>], you can find information on how AniCura and our owner Mars Petcare [[https://deu/aut/che.mars.com/made-by-mars/petcare](https://deu.aut/che.mars.com/made-by-mars/petcare)] collect and process your data, how to contact us with privacy-related questions, and how to exercise your rights regarding personal data.

We use the personal data collected through this form to carry out the service contract. Processing for other purposes only takes place based on a corresponding legal basis.

If you are referred to us by another veterinary practice or clinic, we receive the following personal data from the referring practice/clinic in advance: name, address, telephone number.

Legal Information

Our veterinarians and all employees are bound, among other things, by:

- § 203 of the German Criminal Code (StGB, Violation of Private Secrets)
 - The Trade Secrets Protection Act (GeschGehG)
 - Individual employment or service contract provisions
 - Further internal confidentiality regulations of our clinic
- to professional confidentiality.

According to the Regulation on Information Obligations for Service Providers dated May 17, 2010, we hereby provide you with the following information:

Management: Daniela Cleven, Thomas Rieker, Alexander Steinmetz

Register entry: Local Court Ulm | HRB 741806

VAT ID No.: DE301164391

Responsible authorities: Veterinary association Baden-Württemberg | www.ltk-bw.de

Legal professional title: Veterinarian, granted in the Federal Republic of Germany

Professional liability insurance: Nürnberger Allgemeine Versicherungs AG | Ostendstraße 100 | 90334 Nürnberg

Information pursuant to § 3 of the Regulation on Information Obligations for Service Providers

Professional regulations: The professional code of the veterinary association Baden-Württemberg, available at www.ltk-bw.de, as well as the fee schedule for veterinarians (GOT), available at www.tieraerzverband.de, apply.

Arbitration board: The veterinary association Baden-Württemberg provides an arbitration board for disputes between pet owners and veterinarians. For all disputes, you recognize Ravensburg as the place of jurisdiction.

Information on Payment by Invoice / Installment Payment:

If payment by invoice or installment is agreed upon before treatment, billing is handled by the veterinary billing office BFS or similar providers commissioned by AniCura Deutschland GmbH. A positive credit check by the provider is a prerequisite (duration approx. 1 minute). Please contact us BEFORE treatment if you wish to pay in installments. Information pursuant to Art. 14 of the EU General Data Protection Regulation on data processing by BFS health finance GmbH is available at the reception or at: <https://meinebfs.de/datenschutz>.

By signing below, I acknowledge these notices and explicitly authorize you to proceed accordingly:

- The remuneration of veterinary services is regulated by law and is based on the fee schedule for veterinarians (GOT). In the case of emergency service consultations, all services under the GOT are subject to a statutory emergency surcharge.
- I can request a current cost estimate at any time. If I need a cost estimate or have questions regarding costs, I will contact the practice proactively.
- Payment for all services and medications is due immediately following each treatment and every inpatient stay—at the latest upon collecting the animal. You can inquire about the available payment methods at registration.
- Payment by invoice, including additional fees, can only be agreed upon after explicit prior arrangement and a positive credit check. If I am interested in such payment by invoice, I will inform the practice of this request before treatment.
- I have taken note of the displayed General Terms and Conditions (GTC) and agree to their inclusion in the treatment agreement.

Meckenbeuren, Date:

Signature: