

Registration Form



AniCura
POTSDAM

Dear patient owner, welcome to AniCura Potsdam 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 CLINIC _____

OWNER DETAILS

Last name _____

First name _____

Street/No. _____

Postcode/City _____

Date of birth _____
(wird ausschließlich zur Rechnungsstellung benötigt)

Phone _____

Mobile phone* _____

E-Mail** _____

DETAILS OF VET

☐ referring vet ☐ primary care vet

Name _____

Address _____

Phone _____

Report to primary care vet?*** ☐ yes ☐ no

Referral back to referring vet? ☐ yes ☐ no

PATIENT DETAILS

Name _____

Type of animal ☐ Dog ☐ Cat ☐ Outdoor cat ☐ Indoor cat

☐ Other _____

Breed _____ ☐ Cross breed

Colour _____

Gender ☐ female ☐ male

☐ Castrated

Date of birth _____ Weight _____

Tattoo-No. _____

EU pet passport-No. _____

Chip-No. _____

Time spend abroad
☐ yes, where and when _____ ☐ no

Insurance ☐ Comprehensive health ☐ OP

I am a commercial animal owner ☐ yes ☐ no

My animal is used for food production ☐ yes ☐ no

My animal belongs to an agricultural herd ☐ yes ☐ no

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

Please sign the 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.potsdam@anicura.de.

**Please note that we and AniCura Group 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.potsdam@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 consent to my regular veterinarian being informed about my visit and the examinations and treatments carried out so that the future care for my animal continues to be guaranteed by knowing as much as possible about its medical history. I can revoke my consent at any time with effect for the future by notifying: datenschutz.potsdam@anicura.de.

AniCura Potsdam GmbH

Am Wildpark 1 | 14469 Potsdam | Phone +49 331 505 756-0 | www.anicura.de/potsdam | E-Mail: potsdam@anicura.de

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 Potsdam 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 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 Potsdam GmbH, represented by Dr. med. vet. Marcus Erben.
You can reach our data protection officer at: Data protection officer | AniCura Potsdam GmbH | Am Wildpark 1 | 14469 Potsdam
Phone +49 331 505 756-0 | www.anicura.de/potsdam | E-Mail: datenschutz.potsdam@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. Marcus Erben

AniCura Potsdam GmbH | Am Wildpark 1 | 14469 Potsdam | Phone +49 331 505 756-0 | www.anicura.de/potsdam | E-Mail: potsdam@anicura.de

Register entry: District court Potsdam | HRB 34497

Competent authority: German Chamber of Veterinary Surgeons Brandenburg | www.ltk-brandenburg.de

VAT No.: DE320773194

Legal professional designation: Veterinary surgeon, certified in Germany

Professional liability insurance: SIGNAL IDUNA Gruppe | Joseph-Scherer-Straße 3 | 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 Landestierärztekammer Brandenburg, which can be viewed at www.ltk-brandenburg.de, as well at the valid statutory scale of fees for veterinary surgeons (GOT) which can be viewed at www.tieraerzteverband.de.

Arbitration board: The German Chamber of Veterinary Surgeons Landestierärztekammer Brandenburg provides an arbitration board for disputes between animal owner and vet.

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

Payment information:

Please understand that all treatments, clinical services and dispensing of medicines cannot be done on open account as a matter of principle. All operations must be paid for immediately upon collection of the patient in cash, by EC card or credit card.

For EC payments over € 200, we ask you to have your identity card number ready.

Direct billing via insurance companies is not possible.

We offer payment in instalments via the financial service provider BFS health finance GmbH. A positive credit check with BFS is required (takes approx. 1 min). Please ask us BEFORE the treatment if you wish to pay in instalments.

The information pursuant to Art. 14 of the EU General Data Protection Regulation on data processing at BFS health finance GmbH can be found at the reception desk or at: <https://meinebfs.de/datenschutz>.

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

I wish to pay for the treatment using ☐ Cash ☐ EC card ☐ Credit card ☐ or an accounting via BFS

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

Potsdam _____

Date

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



AniCura
POTSDAM

Animal owner: _____
Last name, First name

Patient: _____
Name

Is your animal currently on any medication? ☐ yes ☐ no

If yes, which?

Does your animal have any drug intolerances? ☐ yes ☐ no

If yes, for which drug/active ingredient and when?

Does your animal have any serious illnesses? ☐ yes ☐ no

If yes, which?

Has your animal undergone any previous surgery? ☐ yes ☐ no

If yes, what, when? Were there any difficulties / anesthesia incidents / wound healing disturbances?

Does your animal show aggressive behaviour when under stress (e.g., when visiting the vet)? ☐ yes ☐ no

If yes, which?
