

Anmeldeformular

Dear patient owner,

Welcome to AniCura Kiel 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 PRACTICE:

OWNER

CLIENT

Last name

First name

Street/No.

Postcode/City

Date of birth

(required solely for invoicing purposes)

Phone

Mobile phone*

E-Mail**

DETAILS OF PRIMARY CARE

Name

Address

Please send me a reminder for the next vaccination

I am a commercial animal owner

yes

no

PATIENT DETAILS

Name

Type of animal

Dog

Cat

Other

Breed

Cross-breed

Colour

Gender

Female

Male

Castrated

Date of birth

Weight

Chip No.

Time spend abroad

yes, where

no

Insurance

Comprehensive health

OP

Liability

none

Insurance company

Information for cats only

Outdoor cat

Indoor cat

The animal is a public service animal
(e.g. police service)

yes

no

I wish to pay for the treatment using

cash

EC Card

Credit Card

We prefer contactless payment.

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

Please note that we are unable to offer any treatment or clinical services, or administer medication, on account. All operations must be paid for immediately on collection of the patient.

* 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.kiel@anicura.de.

** Please note that we and AniCura 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.kiel@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.