



Aufnahmebogen

Dear petowner,
we would like to welcome you to the Tierarztpraxis Am Westend. To take as good as possible care of your pet from now on we kindly ask you to fill out the registration form.
Of course our helpers will be so kind to help you in the case that you have any questions.

Mr Mrs

Last name First name.....

Street/Nr..... Postal code/City

Telefon..... Email.....

Angaben zum Tier

Reason for you visit.....

Dog Cat Rabbit Guinea Pig Rat Mouse Other.....

Name..... Breed.....

Date of birth..... Male Female castrated

coat color..... Chip.....

Last Vaccination..... Last deworming.....

Particularity/ Allergies.....

Does your pet has any chronic diseases? Yes No

Does your pet get long-term medication? Yes No

How did you found out about us? via internet recommendation

others

I will pay the treatment costs with Cash or Card.

I guarantee with my signature, that the given information is filled out veridicial and that I will pay the treatment expences immediatly after the treatment. I also ensure to inform the vet-staff about any untypical behaviour (like biting/ agression) of my pet.

Your data will be processed in our practice on the basis of the new GDPR (see attachment) and will of course be treated confidantially.

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(signature)

Berlin, the