



Registration Form

(Please fill out the form in block capitals)

Angaben zum Besitzer/Überbringer:

First name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Last name:	<input type="text"/>	Zip code:	<input type="text"/>
Address & No.:	<input type="text"/>	City:	<input type="text"/>
Phone number:	<input type="text"/>	email:	<input type="text"/>

Patient/pet information:

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Breed:	<input type="text"/>	Sex:	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> neutered
colour:	<input type="text"/>	Chip no-:	<input type="text"/>

Additional information:

Health insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> no	Insurance:	<input type="text"/>
General vet:	<input type="text"/>		
Referring vet:	<input type="text"/>		

Payment options:

<input type="checkbox"/> Cash	and/ or	<input type="checkbox"/> EC-Cash
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Billing occurs dircetly after the treatment.

If you are unable to pay in full, please speak to us before the treatment.

I assure you that I am the owner of the animal and therefore authorized to enter into a contract for necessary treatments and procedures.

Furthermore, I confirm that I am willing and able to cover the resulting costs. In this context, I declare that I am not involved in any legal debt proceedings at the time of this statement, and there are no entries about me in the debtor directory of the competent local court.

If I am not the owner of the animal, I assure you that I am acting on behalf of the animal owner by explicit authorization.

In the absence of authorization or if the animal owner disputes authorization, I hereby confirm that I will cover the costs incurred from the treatment.

For inpatient admission and surgeries, I accept partial payments and, if necessary, credit checks.

Outside of regular office hours / during emergency services, additional costs apply (according to the applicable fee schedule).

Obertshausen,
Date

Signature

Please turn around

Information on data processing according to Article 13 of the General Data Protection Regulation

Dear customer,

The protection of your personal data is important to us. In accordance with the EU General Data Protection Regulation (GDPR), we inform you about the purpose for which we process your data. You can also find information on your data protection rights.

1. Responsible for data processing:

Veterinary Clinic Dr. Thomas Trillig

2. Data Protection Officer:

Ralf Fix, Tel.: 06245-9945570 Email: tierklinik-trillig@tierarzt-datenschutz.de

3. Processing of personal data:

We only process personal data if it is legally permitted or if you consent to the processing of your personal data. Specifically, we process your personal data based on Article 6(1)(b) of the GDPR to fulfill a treatment contract with you or to carry out necessary pre-contractual measures based on your request. If you do not provide us with this information, we cannot provide treatment services. If you have consented to receiving information via email, the data processing is based on Article 6(1)(a) of the GDPR.

The purpose of processing your personal data is to handle your inquiries regarding treatments for your animal, maintain necessary medical records in case of treatment, comply with legal documentation requirements, and facilitate billing for our services. For these purposes, this data may also be shared with third parties (such as referral practices, clinics, laboratories, etc.) based on Article 6(1)(b) of the GDPR, as required to fulfill the treatment contract. If you have consented to receiving information via email, the purpose of data processing is to send you information about veterinary services and/or reminders for appointments, such as vaccinations.

Otherwise, we will only disclose your personal data to other third parties if legally obligated, to assert legal claims, investigate potential offenses, or if you expressly consent to the disclosure of your personal data.

For more information about our customer data protection, please visit our website under <https://www.tierklinik-trillig.de/kundendatenschutz>

Consent for Assignment of Claims to BFS health finance GmbH

I hereby consent to Tierklinik Dr. Trillig disclosing all necessary documents and data, including my name, address, date of birth, invoice amount, etc., to BFS health finance GmbH, Hülshof 24, 44369 Dortmund, for the purpose of creating the invoice and for collection and, if necessary, judicial enforcement of the claim. As part of this collaboration, address data may also be transmitted to infoscore Consumer Data GmbH, Rheinstr. 99, 76532 Baden-Baden, for the purpose of credit checks. I expressly release the staff of Tierklinik Dr. Trillig from their veterinary confidentiality obligation and explicitly agree that Tierklinik Dr. Trillig assigns the claim arising from the treatment to BFS health finance GmbH. I am aware that after the assignment of the fee claim, BFS health finance GmbH acts as the creditor towards me, and any objections to the claim – including those arising from the treatment and medical history – must be raised and asserted in case of disputes with BFS health finance GmbH. The treating veterinarian may also be called as a witness.

I can revoke my consent at any time with effect for the future. The legality of processing based on this consent until revocation remains unaffected.

Obertshausen,

Date

Signature