



Welcome to our Horse Clinic!

We require some general information from you and your horse. This information will be entered in our computer program and we guarantee medical confidentiality.

Owner of the horse (in print letters please):

Last Name: _____ First Name: _____

Street: _____ Zip Code; City: _____

Home phone: _____ Business phone: _____

Fax: _____ Cell phone: _____

E-Mail: _____ Company: _____

VAT No. _____ Country: _____

The horse was referred to us by what veterinarian: _____

House Veterinarian: _____

Patient:

Name: _____ Breed: _____ Birthdate: _____

Sex: Mare Gelding Stallion

Ident.-No.: _____ Color: _____

Is the horse regularly vaccinated against Tetanus? yes no

Is the horse intended for slaughter for human consumption? yes no

Medical Insurance: no yes _____

How does your horse stand at home? On wood shavings On straw On the pasture

Should the horse be let out on pasture during its stay in the clinic? yes no
(when possible?)

Type of feed it should not receive? _____



General Info:

Visiting times:

Monday-Friday from 9:00 - 18:30

Saturday-Sunday from 9:00 - 11:00

Please understand that we take no responsibility for the halters, blankets, etc. that are brought with the horse. Please understand that all treatments, clinical exams, and medications will not be billed, but should be paid for at the time of the visit. The horses that have valid medical insurance can be billed for the treatment.

Please mark your choice of payment:

Cash Medical Insurance Record Card EuroCheck Card Credit Card

Credit card information:

Visa Card _____ exp. date __ / __

Master Card / Euro Card _____ exp. date __ / __

American Express _____ exp. date __ / __

Treatment

On behalf of certain legal requirements, horses are not allowed to be treated with general medications, only those specifically meant for them. A justifiable treatment without these medications is in many cases not possible. In this manner, when our clinic uses these medications (in emergency cases), the horse is not allowed to be used for consumer purposes. If this is not recognized, one will be breaking the law of the use of consumer goods and could be fined.

- With this, I declare that if my horse is treated in such a case at Horse Clinic Bargteheide, it will no longer be used for consumer purposes.
- I am agreement with the use of such medications (those not intended for consumer animals)only when absolutely necessary.
- I understand that the usage of these medications forbids the horse to be used for consumer purpose, according to the law, and if ignored, can be fined.
- It is also clear that these explanations are indefinitely valid.
- I agree that data and material of my horse may be processed anonymously for scientific studies.
- I consent to the marking of my horse and equipment with the names of horse and owner, to ensure correct identification of the horse.

Operation Info

I received and read the information sheet, regarding Anesthesia and operation risks:

yes no

The treatment contract includes all examinations and treatments in the above clinic.

I insure the accuracy of my information and accept the payment conditions.

I want to receive the Pferdeklinik Bargteheide online shop e-mail newsletter.

Bargteheide, the _____

(Signature)