



## 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

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)