

## 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):

<b>Last name:</b>		<b>First name:</b>	
<b>Street + No.:</b>		<b>Zip Code + City:</b>	
<b>Country:</b>		<b>mobile phone:</b>	
<b>phone:</b>		<b>Fax:</b>	
<b>Date of Birth:</b>		<b>E-Mail:</b>	
<b>Company:</b>		<b>VAT No.:</b>	

The horse was referred to us by what veterinarian: \_\_\_\_\_

### Patient:

<b>Name:</b>		<b>Color:</b>	
<b>Breed:</b>		<b>Date of Birth:</b>	
<b>Ident.-No.:</b>		<b>Sex:</b>	<input type="radio"/> Mare <input type="radio"/> Gelding <input type="radio"/> Stallion

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

Vaccination status (last vaccination): Tetanus: \_\_\_\_\_ Influenza: \_\_\_\_\_ EHV: \_\_\_\_\_

Previous disease or operations:   ☐ none   ☐ yes: \_\_\_\_\_

Medication during the past 6 weeks:   ☐ none   ☐ yes   which: \_\_\_\_\_

\_\_\_\_\_

Type of feed or medications your horse should not receive? \_\_\_\_\_

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

### **Method of payment:**

You can choose from the following payment options (mark with a cross)

- ☐ Cash  
☐ Credit Card  
☐ Visa   ☐ Mastercard   ☐ AmEx.

<b>Cardholder:</b>	
<b>Card number:</b>	
<b>expire date:</b>	

### **General Info:**

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.

### **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.

The treatment contract includes all examinations and treatments in the above clinic.  
I insure the accuracy of my information and accept the payment conditions.

Bargteheide, the \_\_\_\_\_  
\_\_\_\_\_  
(Signature)

Kürzel MA: \_\_\_\_\_