

Vom Mit	arbeiter der Hanseklinik auszufüllen
Anmeldung bei	Kürzel:
Eingestallt von	Kürzel:
Entlassen am	Datum:
Entlassen von	Kürzel:
Pferdepass mitgegeben	Kürzel:

## Clarification form for examination/treatment/surgical procedures/stand anaesthesia/general anaesthesia at the Hanse Clinic for Horses

RECORDING ROUND	
Intended intervention	
Veterinarian responsible for the	
Hanse Clinic for Horses	
Referring veterinarian	
Date	
IAM	
	First name and surname
	Date of birth
	Phone number

## □ I place the treatment order in my own name

□ I place the treatment order in the name of and by virtue of the power of attorney of (please enter):

First name and surname		
Street		
Postcode and place of residence		
Date of birth		
Phone number		
Email		



Data protection	The clinic stores your data in accordance with the EU General Data Protection Regulation 2016/679 (DSGVO). Insofar as it is necessary for the
	diagnosis, you authorise the owners and employees of the clinic to make use of the services of third parties (laboratory, special testing institutes) in your name and at your expense.
	X-rays taken by the clinic remain the property of the clinic, but can be copied at the request of the animal owner and sent to the clinic.
	to be given along.
Clearing House	You expressly agree to the
FSO	- possible request by the practitioner to BFS regarding billing via BFS, even before treatment is started,
	- Obtaining of creditworthiness information from a credit agency by BFS (stating name, date of birth and address of the animal owner/
	payment pflichtigen), as necessary,
	- Assignment of the claims resulting from the treatment to BFS,
	<ul> <li>Assignment of the receivables by BFS to the refinancing bank (Landesbank Hessen-Thüringen Girozentrale),</li> <li>Transmission of the information required for billing and assertion of claims (including name, date of birth, address, diagnosis, service numbers,</li> </ul>
	treatment data and histories) to BFS and, if applicable, to the refinancing bank,
	- temporary use of your data by BFS for the purpose of testing the development system and optimising internal processes for billing; with
	subsequent deletion of the data.
	You have been informed that BFS will bill you for the practitioner's services and claim the billed amount from you.
	If there is a difference of opinion as to the validity of the claim, the practitioner may be heard as a witness in any dispute.
	After completion of the procedure, the data will be deleted. The statutory retention periods apply.
No doctor can guarantee the	We have discussed with you the prospects of success as well as the risks and possible side effects of the examination / treatment / surgical
No doctor can guarantee the success of his treatment / his	intervention and possible alternatives for your horse. In order to be certain that you make the decision to have the examination / treatment / surgical
surgical	surgical intervention after weighing up all the circumstances that are important to you, we would like to point out the most important points to y
guarantee intervention	again in writing in this information sheet. We have used medical terms to describe many of the risks. If you have any questions, please contact us
U U	Current case law requires that the owner/principal or their representative be informed and that this information be documented. Please read this
	clarification form / hiring contract in peace and clarify all unanswered questions with us immediately. With your signature, you as the
	owner/client or their representative confirm the clarification and consent given to the
	Examination / treatment / for surgical intervention and the general or general anaesthesia required for this.
	Every examination / treatment / surgical intervention is carried out according to the recognised rules of veterinary art (expertise). The horse is a
	living organism and each horse reacts individually to anaesthesia, medication and treatment. Although we perform every examination / treatment
	/ surgical intervention on every horse with the same care, there is no guarantee that the success of the examination / treatment / surgical intervention will also be the same. Circumstances that change despite advances in
	Veterinary medicine from an exact pre-calculation, can cause a failure.
Anaesthesia / anaesthetic risk	Despite modern anaesthesia technology and the use of gentle anaesthetic drugs, so-called anaesthetic incidents (up to and including death) can
	occur in veterinary medicine that are beyond our control and intervention possibilities. These problems cannot be avoided even with the most
	modern equipment and conscientious care. We must point out this risk to you. This risk is approximately 1% and includes, but is not limited to,
	cardiovascular problems, nerve and muscle inflammation/injury, kidney failure, laryngeal paralysis or spasm, and other problems during anesthes
	or the recovery period. The recovery period takes place in a specially padded box. Due to the horse's high mass and immense body strength, the
	horse cannot be controlled during this phase. Despite sedation and the special padding, uncontrolled falls can occur. The horse can sustain injurie which in the worst case can lead to the horse being killed.
	Problems related to anesthesia can also occur in the post-operative period, such as cardiovascular problems, nerve or muscle inflammation,
	intestinal inflammation, constipation, colic, etc.
	The risks of anaesthesia are increased in emergency operations, in cold-blooded horses, in older horses, pregnant mares and foals.
General complications of	Every veterinary intervention involves risks and side effects that cannot be avoided even with an error-free procedure. These risks and side
treatment / surgical	effects may include, in particular: Blood loss, bleeding, bruising, shock, pain, iatrogenic damage, toxic damage, coagulation disorders, thrombosis,
Intervention	pulmonary embolism, circulatory failure, damage to functional units such as muscles, bones, nerves, vessels, tendons/ligaments with
	corresponding loss of function, swelling, Infections, wound healing disorders, death of tissue, conspicuous or raised scar formation, loss of sensitivity, circulation disorders, feeling of tension, scar pain, neuromas, unexpected tissue reactions such as hypersensitivity, rejection reactions
	to implants, foreign body reactions,
	Nerve palsies, recurrences, no improvement or worsening of initial findings, etc.
	Risks of stall keeping, risks of daily treatments (administration of medication, change of dressings, etc.), nosocomial infections, colic, diarrhoea,
Specific risks of	
Specific risks of hospitalization	endotoxaemia, rectal rupture (often fatal) during transrectal palpation, infection after puncture of a synovial structure. Graze at your own risk:
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hospitalization	endotoxaemia, rectal rupture (often fatal) during transrectal palpation, infection after puncture of a synovial structure. Graze at your own risk: ragwort and other poisonous plants on the clinic grounds.
•	endotoxaemia, rectal rupture (often fatal) during transrectal palpation, infection after puncture of a synovial structure. Graze at your own risk:



## Data Name Owner of the horse Life number

PFERD

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	Life number
	Sex  Mare  Stallion  Gelding
	ColourRace
	Estimated weight □ >600kg □ WB: 500-600kg□ VB/Icelandic: 400-500kg□ Pony: 200-400kg□ < 200kg
	Date of birth
Insurance	Does the horse have insurance?  Does <b>Insurance</b> (name of insurance <b>company</b> ):
	<ul> <li>Policy number:</li> <li>How many days before and after surgery</li> <li>:</li> </ul>
	Other insurance Note: The client remains the debtor of the fee claim for the veterinary services. Hanseklinik für Pferde is not responsible for whether and to what
Liability	extent an insurer will reimburse the fee claim, if applicable. The principal or his authorized representative hereby personally and bindingly establishes the market value of the
Liability	above and the horse to be examined/treated for this contractual relationship:
	□ < 10′000 €
	□ 10′000 – 20′000 €
	□ 21′000 – 50′000 €
	□ 51′000 – 100′000 €
	Or other amount:€
	The declared market value is an essential piece of information for the veterinarian to assess his liability risk and on the basis of which he decides to accept or refuse the order for examination and/or hiring. The liability of the clinic is excluded. This does not apply to an exclusion or limitation of liability for damages resulting from injury to life, body or health, which are based on a negligent breach of duty by the clinic or an intentional or negligent breach of duty by a legal representative or vicarious agent of the clinic. Furthermore, this does not apply to an exclusion or limitation of liability for other damages based on a grossly negligent breach of duty by the clinic or an intentional or grossly negligent breach of duty by the clinic or an intentional or grossly negligent breach of duty by the clinic or an intentional or vicarious agent of the clinic. The risk of pet owner liability is not assumed when the pet is taken in. The clinic is not obliged to check the legitimacy of persons delivering or collecting the goods.
Questions	Is there a known allergy / hypersensitivity to medication / food etc.?
	□ No □ Yes, which:
	Is there any known cardiovascular disease? □ No □ Yes, which:
	Did the horse have a fever, apathy, cough, diarrhea, or other symptoms in the week prior to the setting? □ No □ Yes, which:
	Do you allow possible publication of your pet on social media (e.g. Facebook)?
Slaughterhouse	Is the horse registered here a slaughter horse?
	For horses for slaughter, an additional charge is made for documentation etc.
	□ No (my horse is <b>NOT</b> a slaughter horse ) □ Yes (my horse is a slaughter horse)



Special complications that can occur	To be completed by the attending veterinarian, if necessary.
	To be completed by the attending veterinarian, in necessary.
with	
the planned	
treatment/surgical intervention	
are possible:	
Signature of informing veterinarian	Name
Signature of informing vetermanan	
	Signature
	Signature

## SUBSCRIPTION

I have understood the information form and agree to it. I am aware of the conditions of admission and by signing this form I accept them as binding. If I represent another person and / or am not the owner of the horse, I affirm with my signature that I am authorized by the owner / client / represented person to receive the information and to consent to the examination / treatment / surgical intervention. I wish to undergo the discussed examination / treatment / surgical intervention. I have been informed about the type of examination / treatment / surgical intervention, about alternatives, the risks, side effects and possible complications of the examination / treatment / surgical intervention and I have understood the information. I authorize an adjustment / change in the examination / treatment / surgical procedure in the event of an unforeseen occurrence. I agree in the event of an inpatient admission that the horse will be declared a non-slaughter horse. Place, date own signature
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