

**NEW CLIENTS: Registration forms/agreement  
for examinations/treatment/surgery in the Hanse Equine Hospital**

REASON FOR ADMISSION

Scheduled surgery

Date

I AM

First name and surname

Street

Postcode and city

Date of birth

Phone number

Email

☐ I am issuing the instruction to treat in my own name

☐ I am issuing the instruction to treat on behalf of (please complete):

First name and surname

Street

Postcode and city

Date of birth

Phone number

Email

HORSE (see consent form for additional information)

Data

Name

Universal

## TERMS AND CONDITIONS

Clinic obligations	The clinic is obliged to admit, feed and treat the animal in accordance with good veterinary practice.
Declaration by the horse owner or representative	You hereby confirm that you are the owner of the horse or that you are acting with the express consent and permission of the owner as the owner's representative. The clinic is authorised to request prepayment for the costs, or for all costs to be paid immediately upon the animal's discharge from hospital. If the owner's representative acts without power of proxy, they shall be
Duty of disclosure	You are required to state any stable vices, known intolerances to medicines or foodstuffs, as well as any chronic diseases, upon admission. You are obliged to inform us of any acute infectious diseases in circulation at the stable of origin.
Data privacy	The clinic shall store your data in accordance with the EU's General Data Protection Regulation 2016/679 (GDPR). If necessary in order to make a diagnosis, you shall authorise the hospital owner and staff to use third-party services (laboratory, special testing institutes) on your behalf and at cost. Any X-rays taken by the hospital remain the property of the hospital but may be issued to the horse owner as a copy.
<b>Clearing bank BFS</b>	You hereby expressly consent to: <ul style="list-style-type: none"> <li>- The veterinarian making enquiries to BFS regarding invoicing via BFS, including prior to the initiation of treatment</li> <li>- A credit check from a credit agency by BFS (including the name, date of birth and address of the horse owner/payer), where necessary</li> <li>- Assignment of claims to BFS resulting from treatment</li> <li>- Onward assignment of claims by BFS to the refinancing bank (Landesbank Hessen-Thüringen Girozentrale)</li> <li>- Sharing the necessary information for invoicing and enforcing the claims (including name, date of birth, address, diagnosis, treatment codes, treatment data and course) with BFS and, if applicable, the refinancing bank</li> <li>- Temporary use of your data by BFS in order to test the development system and optimise internal invoicing processes; your data will then be deleted</li> </ul> <p>You have been informed that BFS is responsible for issuing invoices for any services performed by the veterinarian and that a claim shall be asserted for the invoiced costs.</p> <p>If opinions vary on the validity of a claim, the veterinarian may be consulted as a witness in the event of any disputes.</p> <p>The data will be deleted once the proceedings have been concluded. The statutory archiving requirements apply.</p>
Disclosure	Only the treating veterinarians at the hospital can issue binding information. The hospital shall also make every effort to inform the owner or the owner's representative by phone in urgent cases. Information by phone about animals in the hospital is generally provided by the centre veterinarian. In urgent cases, you can obtain information by phone.
Consent	The hospital is authorised to carry out any necessary tests/treatments/surgery or, in the worst-case scenario and only where absolutely necessary, the immediate euthanasia of the animal without the prior express consent of the horse owner. If the animal dies in the hospital, the carcass will be processed in line with the German Carcass Disposal Act. The animal will be treated as not for slaughter unless other specific requests have been made by the owner or the owner's representative (please select below).
Costs/right of lien	Stabling costs come to €27 per day, plus VAT, feed and bedding costs. If there are outstanding claims resulting from the care and treatment of the animal, the hospital holds a right of lien to the horse against its contractual partners and is authorised to satisfy these claims from the pledged horse. The claims are satisfied in accordance with the provisions of the German Civil Code applicable to rights of lien. The right to sell comes into effect one month after the warning of intended sale. The warning of intended sale must include the amount as a result of which the horse is being sold as a
Admission/collection	Animals can be admitted or collected during the week between 9 a.m. and 5 p.m., and on Saturdays between 9 a.m. and 12 noon, or by individual appointment. The owner or the owner's representative must collect the animal upon the hospital's request as soon as this is deemed justifiable by the veterinarians.
Visiting hours	Mon. to Fri.: 10 a.m. to 6 p.m. Sat: 9 a.m. to 12 noon Sun: no visitors

SIGNATURE

I have read the contractual terms and conditions and agree to them. The conditions of admission are recognised as binding upon being signed by the client or the client's representative.

In the event of hospitalisation, I consent to the horse being declared as not for slaughter.

Place, date

Signature of owner/contractor or representative:

Vom Mitarbeiter der Hansekllinik auszufüllen	
Anmeldung bei ...	Kürzel:
Eingestallt von ...	Kürzel:
Entlassen am	Datum:
Entlassen von ...	Kürzel:
Pferdepass mitgegeben	Kürzel:

**Consent form  
for examinations/treatment/surgery/sedation/general anaesthetic  
in the Hanse Equine Hospital**

REASON FOR ADMISSION

Scheduled surgery	
Hanse Equine Hospital veterinarian	
Referring veterinarian	
Date	

I AM

First name and surname
Date of birth
Phone number

☐ I am issuing the instruction to treat in my own name

☐ I am issuing the instruction to treat on behalf of (please complete):

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

INFORMATION

Data privacy	<p>The clinic shall store your data in accordance with the EU's General Data Protection Regulation 2016/679 (GDPR). If necessary in order to make a diagnosis, you shall authorise the hospital owner and staff to use third-party services (laboratory, special testing institutes) on your behalf and at cost.</p> <p>Any X-rays taken by the hospital remain the property of the hospital but may be issued to the horse owner as a copy.</p>
Clearing bank BFS	<p>You hereby expressly consent to:</p> <ul style="list-style-type: none"> <li>- The veterinarian making enquiries to BFS regarding invoicing via BFS, including prior to the initiation of treatment</li> <li>- A credit check from a credit agency by BFS (including the name, date of birth and address of the horse owner/ payer), where necessary</li> <li>- Assignment of claims to BFS resulting from treatment</li> <li>- Onward assignment of claims by BFS to the refinancing bank (Landesbank Hessen-Thüringen Girozentrale)</li> <li>- Sharing the necessary information for invoicing and enforcing the claims (including name, date of birth, address, diagnosis, treatment codes, treatment data and course) with BFS and, if applicable, the refinancing bank</li> <li>- Temporary use of your data by BFS in order to test the development system and optimise internal invoicing processes; your data will then be deleted</li> </ul> <p>You have been informed that BFS is responsible for issuing invoices for any services performed by the veterinarian and that a claim shall be asserted for the invoiced costs.</p> <p>If opinions vary on the validity of a claim, the veterinarian may be consulted as a witness in the event of any disputes.</p> <p>The data will be deleted once the proceedings have been concluded. The statutory archiving requirements apply.</p>
No doctor can guarantee the success of a treatment or surgical procedure	<p>We have discussed the likelihood of success and the risks and potential side effects of the tests/treatment/surgery and possible alternatives for your horse. In order to be sure that you are making the decision for your horse to be tested/be treated/undergo surgery based on the criteria that are important to you, we have included the key points in this information sheet for your reference. Many of the risks are described using medical terminology. If you have any questions, please just ask us.</p> <p>The current legal situation requires the informed consent of the owner/client or their representative, and the documentation of this informed consent. Please take the time to read this informed consent form/admission agreement and ask us to clarify any questions you may have. By signing this form, you confirm as the owner/client or their representative that you have been fully informed and consent to the test/treatment/surgical procedure and the necessary general anaesthetic/sedation.</p> <p>Any test/treatment/surgical procedure is carried out in accordance with the standards of good veterinary practice. The horse is a living being and every horse reacts differently to anaesthetics, medicines and treatments. Although we carry out every test/treatment/surgical procedure on any horse with the same level of care, we cannot guarantee that the success of the test/treatment/surgical procedure will be the same.</p> <p>Circumstances that may escape the precalculations, despite all of the advances in veterinary medicine, may result in treatment failure.</p>
Anaesthetics/risks associated with general anaesthetics	<p>Despite cutting-edge anaesthetic techniques and the use of gentle anaesthetics, reactions to anaesthetics (including fatal reactions) may occur in veterinary medicine that are beyond our control or sphere of influence. These problems cannot be avoided, even with cutting-edge technology and the greatest degree of care. We are obliged to inform you of this risk. This risk amounts to around 1% and includes, among other things, cardiovascular problems, inflammation/injuries of the nerves and muscles, kidney failure, laryngeal paralysis or spasms, as well as other problems during the general anaesthetic or recovery phase. The recovery phase takes place in a specially padded horse box. As a result of the horse's weight and immense strength, the horse cannot be controlled during this phase. Despite sedation and the special padding, the horse may experience uncontrolled falls. As a result of such a fall, the horse may experience injuries that may, in the worst-case scenario, require the euthanasia of the horse.</p> <p>Problems with the anaesthetic may also occur during the post-operative phase, such as cardiovascular problems, inflammation of the nerves or muscles, gastrointestinal inflammation, constipation, colic, etc.</p> <p>The risks of anaesthetic are higher with emergency surgery, in draught horses, older horses, pregnant mares and foals.</p>
General complications associated with treatment/surgical procedures	<p>Any veterinary procedure is associated with risks and side effects that cannot be avoided, even in the absence of any medical error. Some such risks and side effects may include: blood loss, bleeding, bruising, shock, pain, iatrogenic injury, toxic injury, coagulation disorders, blood clots, pulmonary embolism, circulatory collapse, damage to muscles, bones, nerves, blood vessels, ligaments/tendons with the corresponding loss of function, swelling, infections, wound-healing disorders, necrosis, noticeable or raised scarring, loss of sensitivity, circulatory disorders, tension, incision pain, neuroma, unexpected tissue reactions such as heightened sensitivity, rejection of implants, reactions to foreign bodies, nerve paralysis, recurrence/relapse, no improvement or worsening of baseline condition, etc.</p>
Risks specific to hospitalisation	<p>Risks involved with box stabling, risks of daily treatments (administration of medicines, changing dressings, etc.), nosocomial infections, colic, diarrhoea, endotoxaemia, rectal fissure (often fatal) due to transrectal palpation, infection following puncture of synovial structures. Grazing at your own risk: Ragwort and other toxic plants on the hospital grounds.</p>
Unforeseeable circumstances during treatment	<p>Special circumstances that were not always foreseeable or only occurred during surgery may require changes to the test/treatment/surgical procedure. Please consent to this, otherwise we may have to terminate the treatment/surgery or postpone it, which may lead to additional stress on the animal, and potentially require another general anaesthetic.</p>

HORSE

Data	Name
	Horse owner
	Universal Equine Life Number
	Sex <input type="checkbox"/> Mare <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding
	Colour _____ Breed _____
	Estimated weight <input type="checkbox"/> > 600 kg <input type="checkbox"/> Warmblood: 500–600 kg <input type="checkbox"/> Thoroughbreds/Icelandic: 400–500 kg <input type="checkbox"/> Pony: 200–400 kg <input type="checkbox"/> < 200 kg
	Date of birth
Insurance	Is the horse insured? <input type="checkbox"/> <b>Medical insurance</b> (name of the insurer): _____  <ul style="list-style-type: none"> <li>Policy number: _____</li> <li>How many days before and after surgery: _____</li> </ul> <input type="checkbox"/> Other insurance _____
	Note: The client remains liable to pay any fees for the veterinary services provided. The Hanse Equine Hospital shall not vouch for the insurer
	Liability
Questions	The client or their representative hereby personally specify the binding market value of the horse named above that has been presented for tests/treatment for the purposes of this agreement:  <input type="checkbox"/> < €10,000 <input type="checkbox"/> €10,000–20,000 <input type="checkbox"/> €21,000–50,000 <input type="checkbox"/> €51,000–€100,000 Or other amount: € _____
	This market value is important for the veterinarian in order to estimate their risk of liability and upon the basis of which they may decide to accept or reject the testing and/or admission of the horse. The liability of the hospital is excluded. This does not apply in the case of the exclusion or limiting of liability for claims resulting from loss of life, bodily injury or damage to the health resulting from the hospital's negligent breach of duty, or a deliberate or negligent breach of duty of one of the hospital's legal representatives or subcontractors. Furthermore, it does not apply to the exclusion or limiting of liability for claims resulting from any grossly negligent breach of duty by the hospital or from any intentional or grossly negligent breach of duty of one of the hospital's legal representatives or subcontractors. The animal owner's liability risk is not transferred with the admission of the animal. The hospital is not obliged to verify the legitimacy of the persons bringing the animal for admission, or collecting the animal.
	Does the horse have a known allergy/hypersensitivity to any medicines/foodstuffs, etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes, as follows: _____
	Has the horse been diagnosed with a cardiovascular disease? <input type="checkbox"/> No <input type="checkbox"/> Yes, as follows: _____
	Has the horse experienced fever, apathy, cough, diarrhoea or any other symptoms in the week prior to admission? <input type="checkbox"/> No <input type="checkbox"/> Yes, as follows: _____
For-slaughter horse	Do you consent to the publication of your animal on social media (such as Facebook)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is this horse intended for slaughter? <i>Higher costs are associated with for-slaughter horses due to additional documentation, etc.</i> <input type="checkbox"/> No (my horse is <b>NOT</b> intended for slaughter) <input type="checkbox"/> Yes (my horse is intended for slaughter)

Specific complications that may occur during the planned treatment/surgical procedure  
Include:

To be completed by the treating veterinarian if applicable

Signature of veterinarian issuing

Name

Signature

SIGNATURE

I have read the informed consent form and agree to it. I am familiar with the conditions of admission and, by signing this form, recognise them as binding.

If I am acting on behalf of someone else and/or am not the horse owner, I confirm with my signature that I am authorised by the owner/client/representative to provide informed consent and to consent to the tests/treatment/surgical procedure.

I consent to the discussed tests/treatment/surgical procedure being carried out. I have been informed about the nature of the tests/treatment/surgical procedure, about alternatives, the risks, side effects and potential complications of the tests/treatment/surgical procedure, and I have understand the information provided.

I consent to the tests/treatment/surgical procedure being adapted in the event of unforeseeable circumstances.

In the event of hospitalisation, I consent to the horse being declared as not for slaughter.

Place, date

Own signature