

TO BE FILLED BY CLINIC STAFF (ABBREVIATION)

Registration at:	
Posted by:	
Discharged on:	
Discharged by:	
Horse passport issued:	
Paid holder:	

**EXISTING CUSTOMERS
FORM**

for investigation | Treatment | surgical interventions in the Hanseatic Clinic for horses

PLEASE FILL IN THE FORM CORRECTLY AND IN CAPITAL LETTERS!

If the invoice is subsequently changed, a pro rata fee of the invoice amount is due.

REASON FOR ADMISSION

Intentional intervention:	
Responsible veterinarian Hanseklíník für Pferde:	
Referring Veterenarian:	
Date:	

OWNER | INVOICE RECIPIENT

First name and surname:	
ONLY FILL IN IF YOUR DATA SHOULD HAVE CHANGED.	
Street and house numbe:	
ZIP code and location:	
Phone number:	Emergency phone number:
E-Mail:	

DIFFERENT BILLING ADDRESS | POLICYHOLDER (invoice recipient and client)

First name and surname:	
Company:	
Street and house number:	
ZIP code and location:	
Date of birth:	
E-Mail:	

HORSE		
Date:	Name:	
	Horse owner:	
	Life number::	
	Gender: <input type="checkbox"/> Mare <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding	
	Colour:	Race:
	Estimated weight: <input type="checkbox"/> > 600 kg <input type="checkbox"/> WB: 500-600 kg <input type="checkbox"/> VB I Isländer: 400-500 kg <input type="checkbox"/> Pony: 200-400 kg <input type="checkbox"/> < 200 kg	
	Date of birth:	
Insurance:	Surgical insurance of the horse? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Insurance name: _____	
	Policy number: _____	
	How many days after the surgical intervention: <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 15 Max. Payout Amount: <input type="checkbox"/> twice <input type="checkbox"/> triple	
	<input type="checkbox"/> Other Insurance: _____	
Promise of coverage? No <input type="checkbox"/> Yes <input type="checkbox"/>		
Copy of insurance contract enclosed: No <input type="checkbox"/> Yes <input type="checkbox"/>		
Note: The client remains liable for the fee claim for the veterinary services. The Hanseklunik für Pferde is not responsible for whether and to what extent an insurer will reimburse the fee claim.		
Liability:	The customer hereby determines the market value of the above-mentioned horse to be examined/treated for this contractual relationship in a binding manner: <input type="checkbox"/> < 10.000 € <input type="checkbox"/> 10.000 to 20.000 € <input type="checkbox"/> 21.000 to 50.000 € <input type="checkbox"/> 51.000 to 100.000 € <input type="checkbox"/> Other amount: _____	
	<p>The declared market value is essential information for the veterinarian to assess his liability risk and on the basis of which he decides to accept or reject the order for examination and/or recruitment.</p> <p>The liability of the clinic is excluded. This does not apply to an exclusion or limitation of liability for damage resulting from injury to life, limb or health that is 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 on an intentional or grossly negligent breach of duty by a legal representative or vicarious agent of the clinic.</p> <p>The risk of animal owner liability is not assumed when the animal is accepted.</p> <p>The clinic is not obliged to check the legitimacy of people delivering or collecting.</p>	
Questions:	Is there a known allergy Hypersensitivity to drugs food etc? <input type="checkbox"/> No <input type="checkbox"/> Yes, which: _____	
	Known cardiovascular disease? <input type="checkbox"/> No <input type="checkbox"/> Yes, which: _____	
	Did the horse have fever, lethargy, cough, diarrhea or other symptoms before arrival a week before? <input type="checkbox"/> No <input type="checkbox"/> Yes, which: _____	
	Do you allow the publication of your animal on social media (e.g. Facebook)? <input type="checkbox"/> No <input type="checkbox"/> Yes	

HORSE	
Battle horse:	Is the horse a battle horse? <input type="checkbox"/> No (my horse is <u>NOT</u> a battle horse) <input type="checkbox"/> Yes (y horse is a battle horse) Note: Additional expenses for documentation etc. will be charged for battle horses.
The following complications are possible::	If necessary, to be completed by the treating veterinarian:
Signature enlightening veterinarian:	Name:
	Signature:

PAYMENT TERMS	
You can choose the following payment options after a positive credit check:	
<input type="checkbox"/> BFS health finance GmbH <input type="checkbox"/> EC-Card <input type="checkbox"/> Kredit card (Please enter credit card details): <input type="checkbox"/> Visa Card <input type="checkbox"/> Master Card Euro Card <input type="checkbox"/> American Express	
Bank card holder:	
Card number:	
Validity (month year):	Security code (back of card):

ENLIGHTENMENT	
Privacy	The clinic stores your data in accordance with the EU General Data Protection Regulation 2016/679 (GDPR). Insofar as it is necessary for the diagnosis, you authorize the owners and employees of the clinic to use third-party services (laboratory, special search institutions) in your name and on your account. X-rays taken by the clinic remain the property of the clinic, but can be made a copy and given to the animal owner at the request of the pet owner.
BFS health finance GmbH	You expressly agree to - possible request by the practitioner to BFS regarding billing via BFS, even before treatment begins, - Obtaining creditworthiness information from a credit agency by the BFS (stating name, date of birth and letter of the horse owner/payer), if necessary, - Assignment of the claims resulting from the treatment to BFS, - BFS transfers the claims to the refinancing bank (Landesbank Hessen-Thüringen Girozentrale), - Transmission of the information required for the settlement and assertion of the claims (including name, date of birth, address, diagnosis, performance figures, treatment data and progress) to the BFS and, if necessary, to the refinancial ornamental bench, - limited use of your data by BFS to check the development system and optimize internal processes the reckoning; with subsequent deletion of the data. You have been informed that BFS will bill you for the treatment provider's services and claim the invoice amount from you. If there are different opinions about the justification of the claim, the practitioner can be heard as a witness in a possible dispute. After completion of the procedure, the data will be deleted. The statutory retention periods apply.
The success of the treatment surgical intervention cannot be guaranteed	We have discussed with you the chances of success as well as the risks and possible side effects of the investigation Treatment of the surgical procedure and possible alternatives for your horse are discussed. To be certain that you have made the decision to investigate Treatment for the surgical procedure after considering all the circumstances that are important to you, we will point out the most important points to you again in writing in this leaflet. We have described many risks with medical terms. For questions, please contact us. Current case law requires the owner to be informed client or his representative and documentation of this clarification. Please read this disclosure form Take your time and clarify any unanswered questions with us immediately. With your signature, you as the owner/client or his representative confirm that you have been informed and consented to the investigation Treatment for the surgical intervention and the necessary general or general anesthesia.

ENLIGHTENMENT	
Anesthesia anesthetic risk	Despite modern anesthetic technology and the use of gentle anesthetic drugs, so-called anesthetic incidents (including death) can occur in veterinary medicine, which are beyond our control and beyond our ability to intervene. These problems cannot be avoided even with the most modern equipment and conscientious care. We must draw your attention to this risk. This risk is around 1% and includes cardiovascular problems, nerve and muscle inflammation/injuries, kidney failure, laryngeal paralysis or spasms, and other problems during anesthesia or the recovery phase. The recovery phase takes place in a specially padded box. Due to the high mass of the horse and the immense physical strength, the horse cannot be controlled in this phase. Despite sedation and the special padding, uncontrolled falls can occur. The horse can sustain injuries, which in the worst case can lead to the horse being killed. Problems related to anesthesia can also occur in the post-operative phase, such as cardiovascular problems, nerve or muscle inflammation, intestinal inflammation, constipation, colic, etc. The anesthetic risks are increased in emergency operations, in cold-blooded horses, in older horses, pregnant mares and foals.
General Complications at the treatment of the surgical intervention	Every veterinary intervention involves risks and side effects that cannot be avoided even if the procedure is carried out professionally. These risks and side effects can include in particular: blood loss, bleeding, bruising, shock, pain, iatrogenic damage, toxic damage, coagulation disorders, thrombosis, pulmonary embolism, circulatory failure, damage to functional units such as muscles, bones, nerves, vessels, tendons/ligaments with the corresponding Loss of function, swelling, infections, wound healing disorders, tissue death, noticeable or raised scarring, loss of sensitivity, circulatory disorders, feeling of tension, scar pain, neuromas, unexpected tissue reactions such as hypersensitivity, rejection reactions to implants, foreign body reactions, nerve paralysis, recurrences, no improvement or worsening of the initial findings etc.
Special Risks of hospitalization	Risks of boxing, risks of daily treatments (medication, change of bandages, etc.), nosocomial Infections, colic, diarrhea, endotoxaemia, rectal tear (often fatal) on transrectal palpation, infection after puncture of a synovial structure. Graze at your own risk: Ragwort and other poisonous plants on the clinic grounds.
Unforeseeable Circumstances during treatment	Special circumstances, which were not always foreseeable or only emerge during the intervention, can lead to a change in the examination Treatment of the surgical intervention. Please agree to this, otherwise we will not be able to continue the treatment cancel the procedure have to continue later, which would be associated with additional stress and, under certain circumstances, renewed anesthesia.
Disclaimer	No liability is accepted for items brought along, such as blankets, halters etc.

POWER OF ATTORNEY ISSUED TO (only to be filled in with power of attorney!)	
First name and surname:	
Street and house number:	
ZIP code and location:	
Date of birth:	
Phone number:	E-Mail:
Place date:	

SIGNATURE	
<p>I have understood the terms of the contract and the clarification and agree to them. The conditions of admission are recognized as binding when they are signed by the client or his representative. If I represent someone else and I or not the owner of the horse, I certify with my signature that the owner Principal To be authorized to receive the information and to be involved in the investigation Treatment consent to surgical intervention. I would like the examination discussed to be carried out Treatment surgical intervention. I was about the nature of the investigation Treatment of the surgical procedure, about alternatives, the risks, side effects and possible complications of the examination Treatment surgical intervention and I understood the explanation. I authorize an accommodation change of investigation Treatment surgical intervention in the event of an unforeseen event. In the event of inpatient admission, I consent to the horse being declared as a non-slaughter horse.</p>	
Place date:	
Signature:	
Owner <input type="checkbox"/>	
Client <input type="checkbox"/>	
Authorized person <input type="checkbox"/>	