

Registration at:

Posted by:

Discharged on:

Discharged by:

Horse passport issued:

Paid holder:

## NEW CUSTOMER CONTRACT FORM FOR ENLIGHTENMENT

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  
Hansekllinik für Pferde:

Referring Veterenarian:

Date:

### OWNER | INVOICE RECIPIENT

First name and surname:

Street and house number:

ZIP code and location:

Date of birth:

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:

Phone number:

E-Mail:

Insurance:

Surgical insurance of the horse? ☐ No ☐ Yes

Insurance name: \_\_\_\_\_

Policy number: \_\_\_\_\_

How many days after the surgical intervention: ☐ 3 ☐ 5 ☐ 7 ☐ 10 ☐ 15

Max. Payout Amount: \_\_\_\_\_ € GOT ☐ twice ☐ triple

☐ Other Insurance: \_\_\_\_\_

Promise of coverage? ☐ No ☐ Yes

Copy of Surgical insurance contract enclosed: ☐ No ☐ Yes

**Note:** The client remains liable for the fee claim for the veterinary services. The Hansekllinik für Pferde is not responsible for whether and to what extent an insurer will reimburse the fee claim.

HORSE (Further information form for enlightenment)		
Data:	Name:	
	Life number:	
	Horse owner:	
	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:	
Liability:	<p>The customer hereby determines the market value of the above-mentioned horse to be examined/treated for this contractual relationship in a binding manner:</p> <p> <input type="checkbox"/> &lt; 10.000 €  <input type="checkbox"/> 10.000 bis 20.000 €  <input type="checkbox"/> 21.000 bis 50.000 €  <input type="checkbox"/> 51.000 bis 100.000 €  <input type="checkbox"/> Other amount: _____         </p> <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	
Battle horse:	<p>Is the horse a battle horse?  <input type="checkbox"/> No (my horse is <u>NOT</u> a battle horse)   <input type="checkbox"/> Yes (my horse is a battle horse)         </p> <p><b>Note:</b> Additional expenses for documentation etc. will be charged for battle horses.</p>	

PAYMENT TERMS	
<input type="checkbox"/> Invoice by post done by BFS health finance GmbH (after a positive credit check)	
Or immediate payment by: <input type="checkbox"/> EC-Card <input type="checkbox"/> Visa Card <input type="checkbox"/> Master Card   Euro Card	
Credit card (please only enter credit card details if you are not on site to pay):	
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	<p>You expressly agree to:</p> <ul style="list-style-type: none"> <li>- possible request by the practitioner to BFS regarding billing via BFS, even before treatment begins,</li> <li>- Obtaining creditworthiness information from a credit agency by the BFS (stating name, date of birth and letter of the horse owner   payer), if necessary,</li> <li>- Assignment of the claims resulting from the treatment to BFS,</li> <li>- BFS transfers the claims to the refinancing bank (Landesbank Hessen-Thüringen Girozentrale),</li> <li>- 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 refinancing bank,</li> <li>- limited use of your data by BFS to check the development system and optimize internal processes the reckoning; with subsequent deletion of the data.</li> </ul> <p>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.</p>
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.
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.
List of the main complications of frequent operations (list not complete)	<p><b>Operations on the upper respiratory tract</b> (larynx, paranasal sinuses, air sac, nasal passages): bleeding, chondritis/granuloma, Laryngeal swelling, dysphagia, cough, permanent DDSP, laryngeal collapse, postoperative breath sounds, wound infection (incl. prosthesis infection/rejection reaction if a prosthesis is inserted), adhesions, avulsion Implant, lower respiratory tract disorders (RAO; IAD, pneumonia, etc.), chronic nasal discharge.</p> <p><b>Vitrectomy:</b> Blindness, eyeball loss, infection, retinal detachment, cataract, glaucoma, uveitis, haemorrhage, corneal ulcers, endothelial disease, keratitis, corneal degeneration.</p> <p><b>Keratotomy:</b> Blindness, infection, perforation, corneal rupture due to degeneration, eyeball loss, pannus, scarring, uveitis.</p> <p><b>Arthroscopy   Tenoscopy:</b> Chronic arthritis, lameness, swelling, infection, dehiscence, chip fragments in joint after surgery, pressure sore bandage.</p> <p><b>Fracture   Osteosynthesis   Cysts   Stylus bone:</b> Chronic lameness: infection, dehiscence, pressure sores Dressing: thick leg, ganglion, implant fracture/dislocation.</p> <p style="text-align: right;">(further on page 4)</p>

ENLIGHTENMENT	
<p>List of the main complications of frequent operations (list not complete)</p>	<p><b>Wounds:</b> Chronic lameness: infection, dehiscence, bruises, bandages, thick leg, ganglion, infection of deeper structures (e.g. synovial structures), chronic wound, wild flesh.</p> <p><b>Castration:</b> Hemorrhage, bowel prolapse, fistula, infection, swelling, seroma, lameness.</p> <p><b>Nerve cut   Fasciotomy:</b> Chronic arthritis, existing lameness, infection, dehiscence, pressure sores Dressing.</p> <p><b>Colic   Laparoscopy:</b> Ileus, chronic colic, peritonitis, wound infection, hernia, dehiscence, rupture, intestinal injury, hemorrhage, Heart murmur, pneumonia, effusion.</p>
<p>Unforeseeable Circumstances during treatment</p>	<p>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.</p>
<p>Other special risks   complications (to be entered by the veterinarian)</p>	
<p>Signature enlightening veterinarian:</p>	<p>Name:</p> <p>Signature:</p>

CONTRACT TERMS	
<p>Clinic commitments</p>	<p>The clinic undertakes to place, care for and treat the animal in accordance with the rules of veterinary art.</p>
<p>Horse Keeper Declaration   declaration of representation</p>	<p>You represent that you are the owner of the animal or are acting as the owner's representative with the owner's express authority. The clinic is entitled to demand an advance payment for the costs incurred or, if the animal is released, immediate payment of the costs. If the representative of the keeper or owner acts without power of attorney, he is liable for the costs incurred.</p>
<p>Obligation to provide information</p>	<p>You are obliged to state the horse's vices, known intolerance to medication or feed materials as well as chronic illnesses upon admission. You are obliged to inform us about acute infectious diseases in the stable of origin.</p>
<p>Information</p>	<p>Binding information is only given by the treating veterinarians at the clinic. The clinic is responsible for telephone notifications of the owner or his authorized representative in urgent cases. Telephone information about hospitalized animals is usually provided by the station veterinarian. If you have urgent questions, you can obtain information by telephone.</p>
<p>Permit</p>	<p>The clinic is entitled to carry out necessary examinations   Treatments   surgical interventions or in the worst case to carry out the necessary immediate killing of the animal without the express permission of the animal owner. dies the animal in the clinic, the carcass will be disposed of in accordance with the Animal Carcass Disposal Act. The animal is classified as non-slaughter horse treated unless explicitly requested otherwise by the pet owner or their representative (e.g. by a horse crematorium).</p>

#### CONTRACT TERMS

Costs   Lien	The storage costs are € 40.50 per day or part thereof, exclusive of VAT and excluding feed and bedding costs. The clinic obtains a lien on the horse due to due claims from the care and treatment against its contractual partner and is authorized to satisfy itself from the pledged horse. Satisfaction takes place in accordance with the provisions of the German Civil Code applicable to liens. Eligibility to sell occurs one month after threat of sale. The threat of sale must specify the amount of money for which the pledge sale is to take place.
Check-in   Pickup	The admission and collection of the animals takes place on weekdays between 9 a.m. and 5 p.m. and on weekends between 9 a.m. and 12 p.m. or by individual arrangement. The owner or his authorized representative is obliged to collect his animal at the request of the clinic as soon as this appears justified from a veterinary point of view.
Visiting hours	Monday - Friday: 10.00 am - 6.00 pm   Saturday: 9.00 a.m. to 12 p.m   Sunday: no visits
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

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.

Place   date:	
Signature:	
Owner <input type="checkbox"/>	
Client <input type="checkbox"/>	
Authorized person <input type="checkbox"/>	