Owner (or Legal Representative)

Last name, first name: .....

Street, house number: .....

Postal code, city: .....

Telephone: .....

Email: .....

Referring veterinarian: .....

Patient:

Patient name: .....

Date of birth or estimated age: .....

Species: .....

Breed: .....

Sex: ..... **Color:** .....

Neutered / spayed? ☐ Yes ☐ No

Travel history: ☐ Yes ☐ No **If yes, which country?**

.....

For cats: ☐ Outdoor cat ☐ Indoor cat

Pre-existing conditions / allergies: .....

Does your pet take medication regularly? If yes, specify the medication(s) and dosage.

.....

Have you taken out pet health insurance for your pet? ☐ Yes ☐ No

Name of insurance provider: .....

Policy number: ..... ☐ Surgery-only insurance ☐ Comprehensive insurance

Microchip number (if available): .....

☐ I have been informed that the costs of diagnostics, treatment and surgery are payable upon collection of my pet, either in cash or by card.

☐ I understand that, that a cancellation fee is charged for appointments cancelled less than 24 hours before the scheduled appointment or in the event of a no-show without excuse. This fee amounts to **€36.00** for standard consultation appointments, **€50.00** for dermatology consultations, and **€125.00** per scheduled hour for surgeries, procedures requiring general anesthesia, and other time-intensive appointments.

☐ I acknowledge that the practice cannot take back medications once they have left the practice.

Düsseldorf, Date .....

Signature of the owner / responsible presenter:

.....

Treatment Agreement

I declare that I am the owner/keeper of the animal to be presented and that I am authorized to enter into an agreement for the performance of the medically necessary examinations, treatments, and, where applicable, surgeries. I undertake to bear all costs incurred in connection with the treatment.

I confirm that no insolvency proceedings or comparable court debt proceedings are currently pending against me and that there are no entries concerning me in the debtor register of the local court responsible for me.

If I am not the owner/keeper of the animal myself, I declare that I am acting on the express instruction of the owner/keeper. In the event that no valid authorization exists, or if the owner/keeper disputes the existence of such authorization, I undertake to personally assume the costs incurred in connection with the treatment.

Where necessary for diagnosis or treatment, I authorize the practice to commission third-party services, in particular laboratory services or comparable services, in my name and for my account.

Any assistance provided during the examination or treatment is voluntary and at the participant's own risk. The practice shall not be liable in this respect, to the extent permitted by law.

The costs incurred are payable immediately after treatment in cash or by card. I am aware that the practice may have a right of retention over the treated animal if the costs incurred are not paid immediately after treatment.

We bill our services in accordance with the German Fee Schedule for Veterinarians (GOT). Medication is charged in accordance with the German Ordinance on Drug Prices (AMPreisV).

Please note that, in individual cases, consultations without an examination, for example by telephone or e-mail, may also be billed in accordance with the German Fee Schedule for Veterinarians (GOT).

☐ **I confirm that the information I have provided is correct and complete.**

Düsseldorf, Date .....

Signature of the owner / responsible presenter:

.....

Consent Declaration for the Use of Data

By signing this form, I consent to Veterinary Practice Dr. Morys collecting and processing the personal data I have provided for the purpose of initiating, performing and processing the veterinary treatment agreement, on the basis of the applicable legal provisions.

Any use of personal data beyond this purpose, as well as the collection of additional information or disclosure to third parties, generally requires separate consent. I may voluntarily give such consent below and may withdraw it at any time with effect for the future.

Consent to the use of data for additional purposes:

☐ I consent to the collected data being transmitted, where necessary, to other veterinary practices and veterinary clinics in connection with veterinary referrals.

☐ I consent to the collected data being transmitted, where necessary, to laboratories and institutes in connection with further diagnostics.

☐ I consent to Veterinary Practice Dr. Morys contacting me by telephone.

☐ I consent to Veterinary Practice Dr. Morys informing me by post or e-mail.

☐ I would like to receive regular reminders about upcoming vaccinations.

☐ I would like to receive the Veterinary Practice Dr. Morys newsletter by e-mail.

Düsseldorf, Date .....

Signature of the owner / responsible presenter:

.....

Privacy Notice

The protection of your personal data is important to us. We process your data exclusively in accordance with the applicable legal provisions. Below, we inform you about the key aspects of data processing within the scope of our business relationship. The full Privacy Policy is available on our website.

Collection and processing of data

We process the data that you provide to us as a customer in connection with pre-contractual measures as well as when entering into and performing the contract.

Processing is carried out in particular for the purpose of taking pre-contractual steps and fulfilling the examination or treatment agreement. Depending on the process, your information is processed fully or partly by automated means, for example in email correspondence or using scanning and administration software, as well as in the form of archived text documents, such as correspondence, contracts, plans, official notices, case files and personalized invoices.

Legal bases for data processing

Your data is processed in particular on the basis of Art. 6(1)(b) GDPR, meaning for the initiation and performance of a contract. For entering into and performing an examination or treatment agreement, we require basic data in particular, such as your name and address.

In addition, processing may take place on the basis of Art. 6(1)(f) GDPR where necessary to protect the legitimate interests of the practice, or on the basis of Art. 6(1)(a) GDPR where you have given your explicit consent.

Use of data

We use your data for processing the contract, responding to your inquiries, accounting and billing purposes, and technical administration.

If you have given your consent, we also use your data to provide you with targeted information about our services, in particular vaccination reminders and news from the practice.

We delete your data as soon as it is no longer required for the respective purpose. This does not affect data that we are required to continue storing due to statutory retention obligations. Data for billing and accounting purposes is therefore generally retained even if you request deletion.

Your rights

You generally have the right of access, rectification, erasure, restriction of processing, data portability, withdrawal of consent, and objection to processing.

If you believe that the processing of your data violates data protection law or that your rights have been infringed, you may contact the competent supervisory authority, the State Commissioner for Data Protection and Freedom of Information of North Rhine-Westphalia (LDI NRW). Your right to restriction of processing also includes the option to withdraw any consent you have given for the disclosure of your data to third parties at any time with effect for the future.

Version 1.4, August 2026