

ANIMAL REGISTRATION FORM

Animal owner

first name _____

name _____

street/number _____

ZIP code _____

city _____

phone (private) _____

phone (mobile) _____

mailadress _____

Animal

name _____

animal species _____

breed _____

colour _____

sex male

female

neutered/castrated

date of birth/age _____

chipnumber _____

weight (kg) _____

We ask for your understanding that we **only provide treatments against immediate payment** (cash, debit card, credit card)!
If you hold a VAT-Form, please hand it in at the reception.

Short-term changes or cost reimbursements, for example through insurance companies or animal protection associations must be discussed individually with the treating veterinarian before starting the examination!

If you're not the owner of the animal, we need your signature in addition or instead because you are the client at this moment in our veterinary office.

With my signature I confirm the correctness and completeness of my name and adress. I give the order for my animal to be examined and treated.

signature

date



Tierärztliche Praxis an der Parkvilla

Dr. Georg Grüning

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