Kleintierpraxis Hohenklingen

New Patient Form

Owner information:

last name:..... first name:.....

street:.....

postal code:..... city:.....

Telephone:..... cell phone:.....

E-Mail adress:.....

Patient information:

Type of animal:..... breed:.....

Name:..... DOB:.....

color:.....

gender : m ☐ f ☐ castrated: yes ☐ no ☐

microchip number:.....

When was the last vaccination and which one?.....

Known allergies?.....

Has your pet had any operations / procedures?.....

Do you agree that we may send you information about promotions/vaccination reminders etc. by post & e-mail?
Yes ☐ No ☐

Do you consent to use or post photos of your pet anonymously on our website and social media channels?
Yes ☐ No ☐

How did you hear about us?
……

We ask you to pay the treatment costs directly after the consultation in cash, by card or Twint.

If you are unable to keep an appointment, please cancel it at least 24 hours in advance. Otherwise, the appointment will be charged. Thank you for your understanding.

☐ I consent that my personal data is being saved and used internally by Kleintierpraxis Hohenklingen GmbH and team.

place, date: signature: