



PFERDEKLINIK
NINDORF

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Dear owner,

welcome to Nindorf Equine Hospital. For a smooth admission we need you to fill in the following information. Your data will be saved in our patient management system for our information only.

Owner/Invoice recipient (please use block letters):

Name, First name: _____

Street/No.: _____ Postal code/City: _____

Phone private: _____ Business: _____ Mobile: _____

E-Mail: _____ Date of birth: _____

Referring veterinarian: _____

Patient:

Name: _____ Breed: _____ Date of birth: _____

Gender: Mare Gelding Stallion

Colour: _____

Ident.-No./Life-No: _____

Microchip-No.: _____

Reason for treatment:

The horse is intended for slaughter for human consumption (acc. to passport): Yes No

Vaccinations:

Tetanus, date: ___ / ___ Influenza, date: ___ / ___ Herpes, date: ___ / ___

Medication within the last 6 weeks: No Yes: _____

Previous surgeries or diseases: No Yes: _____

Bedding at home: Shavings Straw Open stable/Paddock

Concentrated feed: No Yes: _____

Feed or medication intolerances/allergies: _____

Bad habits or anything else we need to know: _____

Health insurance: Yes, name of insurance company: _____

No

Surgery insurance: Yes, name of insurance company: _____

No

Insurance-No.: _____

Insured for how many days post-surgery: _____

Methods of payment:

Please understand that all treatments, clinical services and medication can not be carried out on open account. Please have sufficient means of payment ready when you pick up your horse.

If immediate payment is not possible, an invoice can only be issued in the event of a positive credit inquiry. In this case, you hereby give your consent for us to transfer your data to BFS health finance GmbH. The data will only be used for internal purposes. With your signature you agree that we carry out a creditworthiness query at infoscore Consumer Data GmbH for us and BFS health finance GmbH.

You can choose between the following payment methods (please mark):

Cash Payment EC-Card

Credit Card

Visa Card Master Card / Euro Card American Express

Card holder: _____

Card No.: _____

Valid until: _____

With my signature I confirm that I have read and taken note of this information and the documents marked below. I confirm the accuracy of my information and accept the payment and treatment conditions.

Admission and general treatment conditions as well as general conditions of contract

Anaesthesia information sheet

Place, Date

Signature

Interner Vermerk:

Pferd eingestallt: Datum, Kürzel:	
Pferd entlassen: Datum, Kürzel:	
Medikamente mitgegeben	
Equidenpass mitgegeben	
Entlassungsanweisung mitgegeben	
Abholung durch:	

Bezahlung: <input type="checkbox"/> bar <input type="checkbox"/> EC/Kreditkarte <input type="checkbox"/> Antrag BFS	
BFS-Abfrage positiv, Datum, Kürzel	
Rücküberweisung an HTA, Datum	
Rechnung raus per	
Datum, Kürzel RG	

Unterschrift Abholung: _____