

Data of client and patient

 to be completed before the visit

English



The data requested is used to compile the patient's medical record and to regulate the veterinary service relationship. Privacy regulations will be respected.

Family name, first name: _____

Address: street _____ Postal code, Municipality: _____ State: _____

Telephone: _____ e-Mail: _____

Owner or Holder of the animal: Name: _____ Species: _____

Date of birth: _____ Breed: _____ Coat, colour: _____

Microchip: _____ ANICUS/ANIS no: _____

Female Male Castrated Intact Insurance* _____

*NB: All insurance claims must be clarified directly and exclusively between the insurance company and the insured party and the animal in question. The vet has no responsibility in this matter.

Are allergies/hypersensitivities to drugs, vaccines, food or other substances known? yes no

Please specify which: _____

Is the animal currently undergoing treatment with drugs, supplements, etc.? yes no

Specify which: _____

For which illness(es) or reason(s): _____

I authorise - I do not authorise the publication of photos of the animal on social media and other media

N.B. Payments accepted: cash and/or credit/debit cards immediately upon completion of the service provided

 Place, date, signature _____

INFORMED CONSENT:

I, the undersigned (first name/family name) _____
(of which personal data above):

AUTHORISE Med.vet. _____ to carry out on the above-named animal the examination and the relevant diagnostic, therapeutic, vaccination, sedation/anaesthesia and/or the relevant diagnostic, therapeutic, vaccination, sedation/anaesthesia and/or surgical procedures that have been suggested to me: Vaccination Therapy or anti-parasite treatment Diagnostic/surgery
 Other _____

In case of urgency and my temporary unavailability **I AUTHORISE** veterinary procedures, therapies, diagnostic means, surgery that safeguard the physical and mental health of the animal.

I DECLARE that I have reported correct information on the state of health of the above-named animal.

I DECLARE that I have been fully, clearly and comprehensibly informed of the type of diagnostic, therapeutic, vaccination, sedation/anaesthesia, surgical and/or other procedures to which the above-named animal will be subjected and that I am aware that every diagnostic, therapeutic, sedation/anaesthesia, surgical or manipulative medical act involves general and specific risks, possible complications and/or side effects, even serious ones, and that I accept them in full.

I HEREBY DECLARE that I have been informed of the limitations of a home visit and that I am solely responsible for the consequences for the animal named above, any circumstantial damage in question should I not take the above-named animal to a veterinary treatment facility in good time if it is indicated and necessary.

 Place, date, signature: