

# Hospitalisation agreement

We require some information about you and your horse. This information is saved in our computersystem and will be kept confidential.

**Customer number: Nummer;10000;10000;0**

representative:.....

phonenummer: .....

e-mail-adress: .....

staff member:.....

Passport handed over:  yes  no

Name and place of referring veterinarian:.....

I do **NOT** want a report to the referring veterinarian:

**Name of the horse:** Name;10650;10650;0;4, Rasse;10650;10650;0;,  
Geburtsdatum;10650;1, Geschlecht;10650;106, Haarkleid/Farbe;1065

Indended for slaughter:  yes  no, please change in the passport

sickness insurance:  no  yes, name: .....

surgery insurance:  no  yes, name: .....

bedding:  straw  shavings

Yes, I hereby declare and confirm that Tierklinik Lüsche GmbH is allowed to take pictures of my pet as a part of the treatment and to use them for public marketing purposes.

reason for hospitalisation:.....

**Feed:**

	<b>morning</b>	<b>noontime</b>	<b>evening</b>
pellets			
oats			
müsli			
hay			
<b>weight:</b>			

feed-

/drugintolerance:.....

.....  
.  
.....  
..

**belongings of owner/horsee:**

<b>Equipment</b>	<b>Brand</b>	<b>colour</b>

specifics:.....

.....  
.  
.....  
.

date: Druckdatum (01.01.19

**signature:**

**name (print)**

## Terms of admission/hospitalization

Dear horse owner, dear (appointed) agent/representative,

your horse was presented for examination, treatment and/or surgery today. We thank you for the confidence you have placed in us and will do our best to give your horse the best possible care.

In rare cases complications may arise. We would like to inform you about these at this point:

1. Admission requires registration. The owner/agent is required to specify possible vices on admission.
2. The equine clinic Lüsche has the right to perform necessary treatments (incl. surgeries) or immediate euthanasia of the animal without prior permission of the owner should this become necessary. The equine clinic Luesche will of course always try to contact the owner/agent in such cases to inform and undertaking such necessary treatments.
3. There is no guarantee/warranty on the success of a surgery or therapy in any case. Complications such as infectious, allergic or other sequel, as well as thrombosis, may happen despite professional execution.
4. The equine clinic Lüsche is not liable for damage or loss of animals due to accidents, infections or mild negligence of personnel. Claims for rectification, follow-up surgery, reduction of the invoice/bill or compensation are also excluded.
5. The owner/agent has been informed, that surgery or intensive therapy is associated with an increased risk to the horse's health. The risks of potential surgery and/or general anesthesia have been explained to and accepted by the owner/agent. The anesthesia risk and consent form has been read and understood.
6. This form has to be presented at discharge for the release of the admitted horse. Pick-up has to be scheduled. The equine clinic Lüsche is not obliged to check legitimization of the pick-up.
7. The owner/agent understands and accepts that due to a treatment crisis the horse may be treated with drugs that are not approved for use on horses or other animals intended for human consumption/slaughter. The owner/agent understands and accepts that the horse is no longer designated as 'intended for human consumption/slaughter' and that disposal of this horse with intention for human consumption/slaughter is a criminal offence under the "Lebensmittel- und Bedarfsständergesetz" and may be prosecuted. The owner/agent ensures that the horse's passport is changed accordingly as soon as possible.
8. The equine clinic Lüsche has the right of retention should the invoice for services rendered - also for treatments of other horses in the owner's possession - not be settled. **The complete invoice has to be paid in cash or card at the time of discharge.**
9. Place of jurisdiction is Vechta.
10. The signee has acknowledged the terms of contract. The signee assures that this contract is also entered in the name and on account of the owner.
11. Tierklinik Lüsche is allowed to send you your invoices by electronic means. Electronic invoices will be sent in PDF format via mail. You are obligated to inform us about any e-mail address changes as soon as possible.

**I have read and accepted the terms of contract.**

**date: Druckdatum (01.01.19**

**signature:**

**name (print):**