

Tierklinik Lüsche GmbH

Tierklinik Lüsche GmbH · Essener Str. 39a · 49456 Bakum-Lüsche

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Essener Str. 39a 49456 Bakum

Telefon: +49 (0)5438-95850
Telefax: +49 (0) 5438-958520
Kontakt@tierklinik-luesche.de
www.tierklinik-luesche.de

Application form for ambulant treatment and field work

Customer number:					
Invoice recipient:					
Company name:		VAT-numl	ber:		
street:					
Postcode/Place:		Country:			
Phone:					•
e-mail:					-
I confirm, that I am the owner of owner of this horse, I confirm to		nd I am allow ed to make a contract for the implement tructions of the animal owner.	entation of	veterianary services. If I an	n not t
Authorized representative:					
Name:	•••••	Tel.:			
<u>Payment:</u> □ Cash (3%discount)	□ Cash C	Card (3% discount) only direct in Lüsc	he		
□ Credit Card cardnuml	ber:	Ехр:		Code:	
Payment via invoice only with p	rior consultation	on! (date of birth, after testin	g at SCHU	FA Holding AG.	
Animal to be treated:					
name:					
Indended for slaughter:	□ yes	$\ \square$ no, please change in the	e passpo	ort	
sickness insurance:	□ no	□ yes, name:			
surgery insurance:	□ no	□ yes, name:			

Volksbank Vechta eG IBAN: DE23280641790550550000 BIC: GENODEF1VEC St. Nr. 68/206/08288 Ust-ID-Nr. DE297639604 HRB 209485 Amtsgericht Oldenburg Geschäftsführer: Dr. Drumm, Dr. Koene, Dr. Kremer, Dr.Steinberg, Dr. Swagemakers

CONDITIONS OF CONTRACT

- 1. The contract governing veterinary treatment is a contract of service, in which the vet only owes knowledge instead of works apart from advisory opinion operation. Therefore the veterinary medical fee is a none contingency fee. There is no guarantee for success of surgery or treatment in any case. There will be no accountability for claims due to misadventures, infections or slightly negligent behavior of clinic staff, neither claim to amendment, revision of surgery, diminution of veterinary medical fee or compensation.
- 2. The extent of time and effort of provision of veterinary services to fulfill the contract of service varies depending on severity of affection and unpredictable complications.
- 3. TK is authorized to perform essential attendance (including surgery) or inevitable immediate euthanasia of the animal without explicit owner's approval.
- 4. The owner / the attorney is compelled to inform TK staff about vices of the animal.
- 5. The owner / the attorney is informed, that any surgery or intensive care constitutes increased stress and therefore increased risk of infections. The owner / the attorney has been informed about the risks induced by surgery and required anesthesia.
- 6. The owner / the attorney complies to the patient's treatment with medication that are not allowed for human consumption animals. Therefore the owner / the attorney is informed that the affected horse can not be used for human consumption and contravention is a violation against law ('Lebensmittel- und Bedarsständegesetz) and a punishable act. The owner / the attorney has to take care, that the concerned horse is immediately registered as non-consumptional animal in the equine passport.
- 7. TK Lüsche is authorized to perform right of detention, if honor depts are not completely cleared for the concerned horse or other depts.
- 8. The owner / the atteney will gather information about the course of disease by himself. Information will only be provided by the treating vet or vet in charge; any other member of staff is strictly prohibited to give information about patients.
- 9. Our memebers of staff are bound to professional duty of confidentiality due to law §203 Strafgesetzbuch (StGB, Verletzung von Privatgeheimnissen), §17 Gesetz gegen unlauteren Wettbewerb (UWG, Verrat von Geschäfts- und Betriebsgeheimnissen) and due to limits of discretion of TK Lüsche.
- 10. As a matter of course information will not be given to third party. Exceptional case will be veterinary referral cases, in which the referring vet will be informed by phone as well as for record about our examinations and treatments, to enable a thorough patient-centered care.
- 11. All members of staff are familiar with Data Protection Act (DPA). Information about particulars, individual patient's data, findings from examinations including imaging data will be recorded, as well as data of invoice processing and payment transactions.
- 12. Place of jurisdiction for both parties is Vechta, if the contracting party is merchant. If the contracting party is consumer and is based abroad, the place of jurisdiction will be Vechta as place of business of TK Lüsche.
- 13. If one subject matter of this contract is invalid, the other subject matters of this conctract will not be affected in virtue. The invalid or unfeasible subject matter of contract has to be replaced by another, which will be as close to the original subject matter of contract as possible. Same is true for void in contract.
- 14. 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.
- 15. Changes to invoices will only be accepted in submitted in writing within ten days of receiving the invoice; we reserve the right to charge a fee for later changes to invoices.
- 16. The visiting time on worktime is from 9.00-13.00 and 14.00-17.00, on the weekend it is from 9.00-12.00. There must be an appointment for visiting the horse. The Time for bringing or picking up the horse on weekends is only from 8.00-14.00.

☐ 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 th	em for public marketing purposes.
described above to the	confirm the rightness of personal data and split a contract for the examination of my horse as equine clinic TK Lüsche. If necessary, I authorize the Tierklinik Lüsche to make demands to laboratory, blacksmith, a.o.). I did read and accept the subject manners of contract.
date	signature

Signature of invoice recipient



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Declaration of consent for data use

Name:								
Adress:								
With my signature, I agree that Tierklinik Lüsche veterinary treatment contract on the basis of sta		onal data on the regist	ration form for th	ne purpose of carryir	ng out a			
I was referred to the privacy policy on the web have read this privacy policy thoroughly. In add my data will For any further use of personal data and the of required. You may grant such consent voluntarions	ition, I was informed that be collection of additional info	I may revoke this conse destroyed	ent at any time w in	ithout giving any real that	son and case.			
Consent to the use of data for other purposes I agree that the collected data may also be used for future treatment contracts, that this data, if necessary and necessary in the context of veterinary transfers or remittances to other veterinary practices, clinics and in the context of further diagnostics to investigation laboratories and institutes are transmitted and that the collected data may be transmitted to the farrier if necessary and necessary in the case of the farrier's use. Furthermore, I agree that the Animal Hospital Lüsche GmbH may inform me by mail, fax, SMS, WhatsApp or e-mail about laboratory results and scheduling and other and that the data collected, if necessary and necessary in the context of satements of assignment to insurance companies (eg: Uelzener, Allianz, RV etc.) may be transmitted. In addition, I agree that the data collected may also be used in the context of a continuation of the veterinary clinic Lüsche by a successor's further intended use. It may happen that photos and videos are taken. These are posted as part of the marketing activities of the animal clinic Lüsche on various social media channels. Please put a cross here below if you agree that the photos of your horse may be used for marketing purposes. Yes, I agree that the veterinary clinic Lüsche GmbH creates in the context of the treatment and the hospital stay image material of my animal and uses this for public advertising purposes in the print and online area (publication of personal data is expressly excluded). With my signature I acknow ledge having understood this privacy statement and I hereby expressly agree.								
Date / Signature	Name in block letters, if I	not the ow ner of the an	imal					