

Tierarztpraxis IVS GmbH

Auf der Pick 2b
66849 Landstuhl

Tel.: 06371-9188440

Notfälle / Emergency: 0176-74599935



Registration Form

Owner

Last Name: _____

First Name: _____

Street: _____

phone: _____

ZIP Code: _____

Cell phone: _____

City: _____

E-Mail: _____

Patient

Name: _____

Species: _____

Color: _____

Breed: _____

neutered: yes no

Date of Birth: _____

Sex: male female

Medical history

.....
.....

Payment is to be made by cash, debit or credit card directly upon receipt of services. I agree that my data is stored

Date
(YYYY-MM-DD)

Signature:

Tierarztpraxis IVS GmbH

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Consent pursuant to Art. 6 para. 1 sentence 1 a) i.V.m Art.7 General Data Protection Regulation (GDPR)

After taking note of the above data protection notice, the following consent is granted:

Per the required implementation our contractual relationship, personal data, such as creditworthiness, date of birth, bank details (account number, bank number), address, telephone number and electronic contact information are processed via the data protection regulation. The data processed for this purpose will be deleted when no longer applicable and/or expiration of legal retention periods, generally 10 years for tax/financial records, but no longer than 15 years.

In the course of our treatment, diagnostic samples from the patient may be sent to IDEXX Vet Med Labor GmbH, Mörikestr. 28/3, 71636 Ludwigsburg, for evaluation.

In the course of a referral to a clinic or a specialist, our medical records may be forwarded to them.

If you wish to register your animal with Tasso, we will forward the data to Tasso e.V.

With your following consent, you give us your voluntary permission to the above-described data processing.

I hereby consent to the processing of my personal data in the manner described above. This includes sharing with the designated laboratories, medical practices, clinics and Tasso e.V.

I consent to the processing of my data for the purpose of soliciting credit reports on my person relating to the contractual relationship with the treatment of my animal.

Date
(YYYY-MM-DD)

Signature:

This consent can be withdrawn or modified at any time. The revocation must be sent to us by post or e-mail. However, revocation may result in our inability to continue treatment for your animal.