

New Client Form

(Please print clearly)

Client Information			
Last name:		First name:	
Spouse/Partner's Last Name:		Spouse/Partner's First Name:	
Street & House number:			
Zip code (PLZ):		City:	
Home phone:		Cell phone:	Other phone:
Best number to reach you (Daytime): Home <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/> (Evening): Home <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/>			
Email:		Fax:	
Pet Information			
Name:	Species:	Breed:	Coat Color:
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Spayed/Neutered <input type="checkbox"/> Intact <input type="checkbox"/>	Birthday (DD,MM,YYYY):	
Primary Veterinarian Information (When available)			
Last Name:	First Name:	City:	
We prefer to send your veterinarian a summary of your visit here re you referred to us directly by your primary veterinarian? Yes <input type="checkbox"/> No <input type="checkbox"/>			
How did you hear about us? Please check ALL that apply:			
Primary Veterinarian <input type="checkbox"/>	Internet search <input type="checkbox"/>	Another client of ours <input type="checkbox"/>	Friend/Family <input type="checkbox"/>
Groomer <input type="checkbox"/>	Pet store <input type="checkbox"/>	Saw our sign <input type="checkbox"/>	Linking Germany <input type="checkbox"/>

I affirm that I am the owner of this pet and therefore authorized to enter into an agreement with Tierdermatologie Dr. Wildermuth to provide necessary care and operations. Furthermore, I affirm that I am willing and in the position to pay for the costs associated with this care. In the case that I am not the owner of this animal, I affirm that I have the authority to act on behalf of the animal's owner. If there is no authorization, or the owner denies authority, I affirm that I will pay for the ensuing costs. **I have been informed that the resulting costs are calculated according to the Fee Schedule for Veterinarians (Gebührenordnung für Tierärzte [GOT]) and must be paid in cash or with EC-card (Eurocash card) upon the completion of care.** Medical records, laboratory findings, and photographs produced in the practice are property of Tierdermatologie Dr. Wildermuth. Records and photographs will in some cases be used for education and research while adhering to patient privacy regulations.

Date & Signature of Pet Owner/Agent
(If underage then signature of a parent or guardian)