

TREATMENT AGREEMENT

I confirm that I am the owner of the animal and therefore authorized to enter into a contract for the performance of necessary treatments and surgeries.

I further confirm that I am willing and able to bear the resulting costs.

I declare that, at the time of this statement, I am not involved in any legal debt proceedings and that the debtor register of the local court responsible for me contains no entries under my name.

If I am not the owner of the animal, I confirm the following:

Salutation ☐ Mr ☐ Mrs ☐ Diverse

Name, First Name

Street and House Number

Postal Code

City and Country

I am acting with the express authorization of the animal's owner. If such authorization is lacking, or if the owner denies having granted such authorization, I hereby confirm that I will assume responsibility for any costs arising from the treatment.

To the extent necessary for diagnostic purposes, I authorize the owner and staff of the practice to obtain services from third parties (e.g. laboratories, specialist diagnostic institutions) in my name and at my expense.

I agree to pay the resulting costs immediately in cash, by debit card, or via bank transfer. I am aware that the practice has the right to retain the treated animal if I am unwilling or unable to pay the treatment costs in cash or by debit card.

Place, Date

Signature