

Registration form

(please check what applies)

- Pet owner
- Representing the pet owner
- Rescue animal

Name, first name: .....

Date of birth: .....

Adress: .....

Postal code/city: .....

Phone: .....

Mobile: .....

Email: .....

Subscription to the newsletter :     Yes             No

Vaccination reminder:             Email         Text message     Mail

Patient information:

Name: .....

Species:             Dog             Cat             Other

Breed: .....

Coat color: .....

Date of birth: .....

Microchip Nr.: .....

Date of implantation: .....

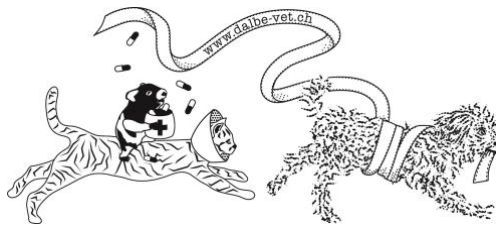
Sex:                             Male                             Female

Neutered:                       Yes                             No

Animal health insurance?     Yes                             No

If yes, name: .....

Tierarztpraxis Dalbe, Lange Gasse 49, 4052 Basel  
Mail: info@dalbe-vet.ch  
Tel: 061 561 55 66



Reason of consultation:

.....

Pre-existing illnesses, treatments, allergies:

.....

Recommended by:

.....

General questions

I hereby certify to settle the bill of veterinary treatment in cash or by debit/credit card every single time immediately after treatment or when picking up the pet after hospitalisation at the clinic.

I herewith agree that pictures and x-rays may be used by the vet for training or advertising purpose (homepage, social media) respecting the privacy of the owner.

Yes       No (In case of nonresponse, the question is considered accepted)

Prior to treatment, I will inform the staff of my animals bad habits (snappishness/fierceness).

**Date:**

.....

**Signature:**

.....

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