



## Pferdeklinik & Kleintierpraxis in Maichingen GmbH

Managing director  
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Veterinary for horses

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### Declaration of consent for the collection/transmission of patient data

I \_\_\_\_\_  
Name, first name

agree that Pferdeklinik und Kleintierpraxis in Maichingen GmbH (horse clinic and small animal practice in Maichingen GmbH) may capture and process my personal and animal-related data, collected and processed on the basis of legal authorization:

- about the data's scope and nature
- about legal bases of processing
- about possibilities to object and related consequences

I agree that

- for the purpose of documentation and further treatment, findings and treatment data concerning me and my animal may be requested from other veterinarians/ laboratories/ special examination institutes etc.
- treatment data and findings concerning me and my animal may be sent to veterinarians/ laboratories/ special laboratories/special testing institutes etc. that are treating my animal
- the above-mentioned veterinary practice informs me by telephone about laboratory results and scheduling of appointments
- the above-mentioned veterinary practice informs me by mail
- within the context of a continuation of the practice by a successor, the collected data may also be used for the intended purpose
- should I be in arrears with invoicing despite three reminders, my data may be forwarded to a debt collection agency

I am aware that I can revoke this declaration in whole or in part at any time for the future. I have been informed about the consequences of revocation.

Please tick:

I consent to the use of my data for certain other purposes beyond treatment. I agree in particular to receiving clinic mailings, information and reminders concerning appointments and vaccinations above and beyond the treatment case.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature