

NEW-CLIENT INFORMED CONSENT FORM

for examination · treatment · surgical procedures

VOM KLINIK-PERSONAL AUSZUFÜLLEN (KÜRZEL)

Anmeldung bei:

Eingestellt von:

Entlassen am:

Entlassen von:

Pferdepass ausgehändigt:

Kostenpflichtiges Halfter:

Please complete the form in full and in block letters. A pro-rata fee of the invoice amount is charged for any subsequent change of invoice details.

Courtesy translation; in case of any discrepancy, the German version prevails.

REASON FOR ADMISSION

Intended procedure

Responsible veterinarian at Hansekllinik

Referring veterinarian (name, tel.)

Date

Regular veterinarian (name, tel.)

☐ same as referring veterinarian

Send Hansekllinik report to:

Referring veterinarian: ☐ yes ☐ no

Regular veterinarian: ☐ yes ☐ no

PERSON COMPLETING THIS FORM

I am – please tick:

☐ Owner of the horse and client (invoice recipient).

☐ Owner of the horse, but not the client – please complete the client/invoice recipient on page 2.

☐ Authorised representative – present a power of attorney or have it confirmed by the owner (at least by e-mail); complete the invoice recipient on page 2.

☐ Trainer, rider, person delivering the horse or similar, but not the client – see page 2 (as above).

☐ someone else: (please specify)

First name and surname

Street and number

Postal code and town

Date of birth

Phone number

Emergency phone number

E-mail

Business customer | company

Tax ID (business customers only)

☐ EU

☐ Non-EU country

DIFFERENT BILLING ADDRESS | POLICYHOLDER*is the invoice recipient and client*

First name and surname

Date of birth

Company

Street and number

Postal code and town

E-mail

Phone number

HORSE

Name of the horse

Owner of the horse

Life number (UELN)

Date of birth

Sex

☐ Mare ☐ Stallion ☐ Gelding

Colour

Breed

Microchip number (optional)

Estimated weight

☐ > 600 kg ☐ WB 500–600 ☐ WB/Icel. 400–500 ☐ Pony 200–400 ☐ < 200 kg**HANDLING & SAFETY**

Behaviour / special notes (please tick):

☐ easy-going ☐ aggression ☐ biting / kicking ☐ cribbing ☐ weaving

Safe restraint / leading requires:

☐ chain ☐ stallion bit ☐ snaffle ☐ other

Notes on behaviour / handling

Is there owner's liability insurance for the horse? ☐ No ☐ Yes

QUESTIONS ABOUT THE HORSE

Known allergy | hypersensitivity to medication | feed, etc.?

☐ No ☐ Yes, which:

Known cardiovascular disease?

☐ No ☐ Yes, which:

Current medication in the last 4–6 weeks?

☐ No ☐ Yes, which:

Previous surgeries or illnesses?

☐ No ☐ Yes, which:

Fever, apathy, cough, diarrhoea or other symptoms in the week before admission?

☐ No ☐ Yes, which:

Is the registered horse a slaughter horse?

☐ No (NOT a slaughter horse) ☐ Yes

Do you permit publication of your animal on social media (e.g. Instagram)?

☐ No ☐ Yes

Anonymised use of imaging data (CT, X-ray, ultrasound) to develop AI-assisted diagnostics?

☐ No ☐ Yes

The data are fully anonymised; tracing back to your animal or to you is not possible. Consent is voluntary, has no effect on the treatment and can be withdrawn at any time.

LIABILITY | MARKET VALUE

The client hereby personally and bindingly sets the market value of the horse to be examined/treated for this contractual relationship:

☐ < 10.000 € ☐ 10.000–30.000 € ☐ 30.000–100.000 € ☐ 100.000–250.000 € ☐ 250.000–500.000 € ☐ > 500.000 €

Or other amount

The stated market value is essential information for the veterinarian to assess the liability risk and on this basis to decide whether to accept or decline the examination and/or admission. The clinic's liability is excluded. This does not apply to the exclusion or limitation of liability for damage arising from injury to life, body or health caused by a negligent breach of duty by the clinic or by an intentional or negligent breach of duty by a legal representative or vicarious agent of the clinic. It also does not apply to the exclusion or limitation of liability for other damage based on a grossly negligent breach of duty by the clinic or on an intentional or grossly negligent breach of duty by a legal representative or vicarious agent of the clinic. The risk of animal-keeper liability is not assumed upon admission of the animal. The clinic is not obliged to verify the authorisation of persons delivering or collecting the animal.

INSURANCE

Does the horse have surgery insurance? ☐ No ☐ Yes

Name of insurer

Policy number

How many days after surgery?

☐ 3 ☐ 5 ☐ 7 ☐ 10 ☐ 14 ☐ 15 ☐ 17

Maximum payout amount

Fee scale (GOT): ☐ 2× ☐ 3×

Other insurance

Is there a confirmation of cover? ☐ No ☐ Yes

Copy of surgery insurance policy enclosed? ☐ No ☐ Yes

The client remains liable for the fees for the veterinary services. Hanseklíník für Pferde does not warrant whether and to what extent an insurer will reimburse the fee claim.

SCOPE OF TREATMENT AND COST FRAMEWORK

Please choose the general approach we should take: (especially if there is no or no full surgery insurance)

- ☐ Please carry out all veterinary-necessary and reasonable measures (best possible care).
- ☐ Please all reasonable measures; from an € please consult on how to proceed.
- ☐ Please keep costs as low as possible; I accept that not all available procedures will be used.

PAYMENT TERMS

☐ Invoice by post via BFS health finance GmbH (only after a positive credit check)

Or immediate payment by: ☐ Debit card ☐ Visa ☐ Master/Euro Card

INFORMATION

No doctor can guarantee success

No doctor can guarantee the success of a treatment or surgical procedure. Current case law requires that the owner/client or their representative be informed and that this be documented. Please read this information form carefully and clarify any open questions with us promptly.

Data protection

The clinic stores your data in accordance with the EU General Data Protection Regulation 2016/679 (GDPR). Where necessary for diagnosis, you authorise the owners and staff of the clinic to obtain third-party services (laboratories, specialist institutes) in your name and at your expense. X-rays taken by the clinic remain the property of the clinic but can, on request, be copied and handed over.

Use of practice software and AI-assisted functions

The controller for data processing within the treatment relationship is Hanseklíník für Pferde (Art. 4 no. 7 GDPR). The legal bases are Art. 6(1)(b) GDPR (performance of the contract) and, for AI-assisted functions, Art. 6(1)(f) GDPR (legitimate interest in efficient practice organisation and documentation). We use software and cloud systems from VetZ GmbH (e.g. easyVET, easyIMAGE, vetsXL, petsXL, vetOS) as well as supplementary third-party AI tools, for example for audio transcription (e.g. Plaud) and text processing. In doing so, audio, text, image, video and historical treatment data may be analysed, structured or summarised in order to generate medical documentation, findings or billing data. Temporary raw data (e.g. audio recordings) are deleted after the verified final result has been produced, generally within 48 hours; only the verified final result is stored permanently. Where external providers process personal data on our behalf, this is done on the basis of data-processing agreements under Art. 28 GDPR; the providers are contractually obliged to ensure data security, purpose limitation and deletion. No automated decision-making with legal effect takes place. Only fully anonymised or aggregated data are used to improve the AI modules.

Billing agency BFS

You expressly agree to a possible enquiry by the treating clinic to BFS regarding billing via BFS (including before the start of treatment), the obtaining of credit information, the assignment of the claims arising from the treatment to BFS and their further assignment to the refinancing bank (Landesbank Hessen-Thüringen Girozentrale), the transmission of the information required for billing and enforcement (including name, date of birth, address, diagnosis, service codes, treatment data and histories) and the temporary use of your data by BFS to optimise internal processes, with subsequent deletion. BFS will bill you for the clinic's services and enforce the invoice amount against you. The statutory retention periods apply.

RISKS AND POSSIBLE COMPLICATIONS

Anaesthesia anaesthetic risk	Despite modern anaesthetic techniques and gentle anaesthetic drugs, anaesthetic incidents (up to and including death) can occur that are beyond our control. The risk is about 1 % and includes, among others, cardiovascular problems, nerve and muscle inflammation/injury, kidney failure, and laryngeal paralysis or spasms. Recovery takes place in a padded box; owing to the mass and strength of the horse, uncontrolled falls with injuries can occur despite sedation and padding, which in the worst case require euthanasia. Anaesthetic-related problems can also occur postoperatively (cardiovascular, nerve/muscle inflammation, intestinal inflammation, constipation, colic). The risks are increased in emergency surgery, cold-blooded horses, older horses, pregnant mares and foals.
General complications	Every veterinary procedure carries risks and side effects that cannot be avoided even with error-free treatment, including: blood loss/bleeding, haematomas, shock, pain, iatrogenic and toxic damage, coagulation disorders, thromboses, pulmonary embolism, circulatory failure, damage to muscles, bones, nerves, vessels, tendons/ligaments with loss of function, swelling, infections, wound-healing disorders, tissue necrosis, abnormal scarring, loss of sensation, rejection reactions to implants, nerve paralysis, recurrence, no improvement or deterioration, thrombophlebitis, laminitis, renal insufficiency.
Specific risks of hospitalisation	Risks of stabling and of daily treatments (administering medication, changing dressings), nosocomial infections, colic, diarrhoea, endotoxaemia, rectal tear (often fatal) during transrectal palpation, infection after puncture of a synovial structure. Grazing is at your own risk (ragwort and other poisonous plants on the clinic grounds).
Common procedure-specific complications	Upper airways (larynx, paranasal sinus, guttural pouch): bleeding, chondritis/granuloma, laryngeal swelling, dysphagia, cough, permanent DDSP, laryngeal collapse, postoperative respiratory noise, wound/prosthesis infection, implant pull-out, disorders of the lower airways. — Ophthalmology (vitrectomy/keratectomy): blindness, loss of the globe, infection, retinal detachment, cataract, glaucoma, uveitis, perforation. — Arthroscopy/tenoscopy: chronic arthritis, lameness, infection, dehiscence, residual fragments. — Fracture/osteosynthesis/splint bone: chronic lameness, implant breakage/dislocation. — Wounds, castration (bleeding, intestinal prolapse, fistula, seroma), colic/laparoscopy (ileus, peritonitis, hernia, rupture). This list is not exhaustive.
Unforeseeable circumstances during treatment	Special circumstances that were not foreseeable or only become apparent during the procedure may require a change to the examination/treatment/procedure. Please consent to this, as we would otherwise have to stop or continue later, which would involve additional strain and possibly renewed anaesthesia. Signature

Specific complications of the planned procedure (to be completed by the treating veterinarian):

Name of informing veterinarian

Signature

CONTRACT TERMS

Obligations of the clinic	The clinic undertakes to stable, care for and treat the admitted animal in accordance with the rules of veterinary practice.
Owner and representation declaration	You warrant that you are the owner of the animal or that you act as a representative with express power of attorney. The clinic is entitled to demand advance payment or immediate payment on discharge. If the representative acts without power of attorney, they are liable for the costs incurred.
Remuneration costs	Remuneration is owed regardless of the success of the treatment. Cost estimates are non-binding approximations; in particular in the event of complications or unforeseen additional work, the actual costs may differ. The client is the contracting party and the party liable for payment. Any existing animal insurance does not affect the payment obligation; dealing with the insurer is the client's responsibility, who remains obliged to pay even if the insurer refuses or delays payment.
Off-label use (re-designation) and medication brought along	In justified cases, the use of medicinal products not authorised for the horse may be necessary (re-designation in the case of a therapeutic emergency). This is permissible in compliance with the statutory provisions; the treating veterinarian decides independently within their treatment concept. Medication brought along may only be administered on a limited basis and in accordance with the Medicines Act; preparations not authorised for the horse may not be administered.
☐ I do not wish off-label use of medication for my horse.	
Costs lien	Stabling costs are €58.66 per started day excl. VAT, feed and bedding. For outstanding claims, the clinic acquires a lien on the horse and is entitled to obtain satisfaction from the pledged horse in accordance with the provisions of the German Civil Code (BGB); the right of sale takes effect one month after notice of sale.
Duty to disclose	You are obliged to disclose vices, known intolerances and chronic illnesses on admission and to inform us of acute infectious diseases in the horse's home stable.
Authorisation	The clinic is entitled to carry out necessary examinations, treatments, surgical procedures or, in the worst case, the immediate euthanasia of the animal that becomes necessary without the express authorisation of the owner. If the animal dies at the clinic, the carcass is disposed of in accordance with the Animal By-Products Act; it is treated as a non-slaughter horse unless the owner expressly wishes otherwise.
Exercising the horse on the clinic grounds	The horse may only be exercised after consultation with the responsible veterinarian. In the indoor arena the horse may only be led or ridden; lunging is only permitted in the outdoor arena. There is no insurance cover once the horse leaves the clinic grounds.
Admission collection	Admission and collection take place on weekdays 9 a.m.–5 p.m., Saturdays 9 a.m.–12 noon or by arrangement. The owner is obliged to collect the animal on request as soon as this appears veterinarily justified.
Visiting hours	Mon–Fri 10 a.m.–6 p.m., Saturday 9 a.m.–12 noon, no visits on Sundays.
Exclusion of liability vehicles	No liability is accepted for items brought along (rugs, boots, halters, feed containers, etc.). Likewise, no liability is accepted for damage to vehicles and trailers or for theft of trailers; the parking of vehicles and trailers must be registered at reception.
Appointments cancellation	An appointment is only deemed confirmed once the fully completed form is available. Appointments must be cancelled at least 48 hours in advance; otherwise the clinic reserves the right to charge a cancellation fee.
Place of jurisdiction	The place of jurisdiction is, as far as legally permissible, the registered office of the clinic.

SIGNATURE

I have understood and agree to the terms of the contract and the information provided. By signing, the admission conditions are recognised as binding. If I represent another person and/or am not the owner, I warrant that I am authorised to receive the information and to consent to the examination/treatment/surgical procedure. I request that the discussed measures be carried out. I have been informed about the nature, alternatives, risks, side effects and possible complications and have understood this. I consent to an adjustment/change in the event of an unforeseen occurrence. In the case of inpatient admission, I agree that the horse be declared a non-slaughter horse.

Place | date

I sign as:

☐ Owner

☐ Client

☐ Authorised representative

Signature

Reduced procedure

I hereby waive re-completing this form if I present the horse again within the next 3 months, as I have completed the form today and/or am familiar with its content. I am aware of the resulting obligations.

Place | date

Signature of owner | representative

Grant power of attorney to ... (e.g. transporter, rider, etc.)

only to be completed in the case of a power of attorney

First name and surname

Street and number

Postal code and town

Phone number

E-mail