



PERSONAL INFORMATION FORM

Dear Client!

Please help our work by filling out this form using **UPPERCASE BLOCK LETTERS**, so that we can enter and store your information accurately within our database.

Your data will only be used for **identification** and **communication** purposes. We will **not** use it for commercial purposes, give it out to any third parties, or disclose it to anyone without your permission.

OWNER

Name: _____



Address: _____

Phone number: _____

E-mail address: _____

PET

Name: _____

Species: dog  cat  other: _____

Breed: _____

Sex: _____

Spayed / neutered: yes no

Date of birth: _____

Microchip number: _____

The owner's / contact person's phone number is required in case we need to contact you urgently. It is especially important if the pet is hospitalized or has a surgery scheduled. It is also a requirement for microchip database registration. In case of any changes in phone numbers, please always let us know.

E-mail address is needed, so that we can forward you any additional (primarily laboratory test) results. These are usually done after the initial examination.

The services of Budapest Animal Hospital are subject to fees. The price list is available on our website, and can be viewed in the waiting room as well. Please ask our veterinarians to receive detailed information on the expected costs. Service fees must be paid immediately after the treatment or examination by credit/debit card, or in cash. Payment through bank transfer or in instalments is not available.

A receipt is issued for our animal healthcare services. In case of having insurance or any other official or business matters, you might need a tax invoice. Please let us know your need for a tax invoice before or during payment. It is not possible to retroactively issue such invoice, once the transaction has already been completed.

Pictures and film footage could be recorded of the patients. The hospital is permitted to use these (without the owner's information or data) for teaching and demonstrating purposes.

By signing below, I acknowledge that I have read, understand, and agree to these policies.

Budapest, _____ (date)

Signature: _____