

Registration form

Referring veterinarian:

Animal owner:

surname: _____ first name: _____

street, nr.: _____

post code, place: _____

cellular: _____ Phone number: _____

date of birth: _____

e-mail: _____

I want my radiologic report by: e-mail post

If the Pet owner is not present: Data of the deliverer

surname: _____ first name: _____

street, nr.: _____

post code, place: _____

cellular/ Phone number: _____

Patient

name: _____ breed: _____

date of birth: _____

sex: male / female castrated? YES / NO

Mode of Payment EC/ Maestro credit Card/ Visa/ Master Postcard cash**Agreement**

Here with I declare, that I have understood that the examination will be directly billed and cleared by the modality indicated above.

date _____ signature _____