

# PFERDEKLINIK ANKUM GmbH

Leitung: PHILIPP LINGENS DR. MED. VET. und

STEFAN TIETJE DR. MED. VET. (Fachtierarzt für Pferde & Chirurgie)

Hof Wesselkamp 1 · D-49577 Ankum/Rüssel · www.pferdeklunik-ankum.de



## CONTRACT ABOUT THE EXAMINATION / THERAPY / SURGERY OF A HORSE

CONTRACTEE (Owner:  yes/  no )

Last name: \_\_\_\_\_ Name: \_\_\_\_\_ D.o.b: \_\_\_\_\_

Street/No.: \_\_\_\_\_ Country: \_\_\_\_\_ Postcode: \_\_\_\_\_

Place: \_\_\_\_\_ Mail: \_\_\_\_\_

Mobile: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### HORSE

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Colour: \_\_\_\_\_

Pedigree: \_\_\_\_\_ L.Nr.: \_\_\_\_\_

### ORDER

The contractee orders, for the horse mentioned above, the Pferdeklinik Ankum GmbH to: \_\_\_\_\_

### PAYMENT

The contractee confirms that he has been informed about the accruing costs and that he will balance the costs by:

Credit card:  Master;  Visa;  American Express;

Cardnumber: \_\_\_\_\_

Valid until: \_\_\_\_\_

Code: \_\_\_\_\_

### DECLARATION

The contractee hereby declares that he has read and accepted the terms of contract (see: AGB of the Pferdeklinik Ankum GmbH).

Mr./Mrs. \_\_\_\_\_ Date of birth \_\_\_\_\_

from \_\_\_\_\_ is commissioned to sign this contract.

**Please fax the completed and signed document to +49-5462-7457555**

Place, \_\_\_\_\_ Date, \_\_\_\_\_

Signature contractee