

Anamnesis dogs and cats

Mr. Ms. Mx.

Title _____

First name _____

Last name _____

Street address _____

Postcode, City _____

Country (if not Germany) _____

Phone _____

E-Mail _____

Animal information

Dog Cat

Name of the pet _____

Breed _____

Date of birth _____

Gender: male female

Neutered: yes no

Body weight _____

Estimated normal body weight or adult body weight (*for animals which are under- or overweight or still in growth*) _____

Body condition:

very thin thin normal obese severely obese

Did a veterinarian/animal clinic refer you to the nutrition consultation service?

Yes *(Please add the name and address of your vet. I will inform her/him about my recommendations.)* _____

No

My pet is: healthy sick

If your dog/cat is sick *(Please describe the problem or mention the diagnosis and possibly prescribed medications. If on hand, please add the blood counts/clinical reports.* _____

Feed intake (appetite): poor normal large very large

Defecation: seldom normal often don't know

Amount of faeces: small normal large don't know

Faecal consistency: watery soft and unformed normal hard don't know

Current feeding routine *(Please describe as detailed as possible, e.g. used components, daily feed amount, number of meals per day, treats.)* _____

Which type of consultation do you wish to receive? *(Please chose between "Validation and adjustment of the present daily ration" and "New calculation of daily rations".)*

- Validation and adjustment of the present daily ration *(Please provide detailed information regarding the daily feeding routine in the field above.)*
 - Adult and healthy animal
 - Growing animal
 - Breeding animal (lactation, gestation)
 - Diet for specific aliment

and

 - Commercial complete feed *(Please attach the declaration of the feed.)*
 - BARF ration
 - Home-made cooked diet

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 - Commercial complete feed *(Please attach the declaration of the feed.)*
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- Anamnesis interview (Personal consultations can only be arranged in individual cases after prior agreement.)
 - By phone
 - Virtual (Google Meet)

- Appointment: Please choose a possible time slot or add potential time frames in the field below.
 - Mondays, 14:00 – 18:00
 - Wednesdays, 11:00 – 16:00
 - Fridays, 09:00 – 13:00

By signing this form, I confirm that I am informed that the initial consultation as well as follow-ups are fee-based services, and I agree with the resulting costs and I confirm that I've read and understood the Privacy Policy and agree with that.

(Date, Signature)

Informationen zur elektronischen Datenverarbeitung und –speicherung

Einwilligung nach Art. 6 Abs. 1 Satz 1 a) i. V. m. Art.7 Datenschutz-Grundverordnung (DSGVO).

- Die im Anamneseformular angegebenen personenbezogenen Daten, insbesondere Name, Anschrift, Telefonnummer, Mailadresse, werden allein zum Zwecke der Durchführung der im Auftrag gewünschten Leistungen verwendet.
- Die zu diesem Zweck verarbeiteten Daten werden nach Zweckerreichung und/oder Ablauf rechtlicher Aufbewahrungsfristen, spätestens jedoch nach 15 Jahren, gelöscht.
- Ohne Ihre Vollmacht werden keine Informationen an Dritte weitergegeben. Hierfür bestehen zwei Ausnahmen:
 - Telefonischer und/oder schriftlicher Austausch mit überweisenden tierärztlichen Kolleginnen/-en bzw. mit der/dem von Ihnen im Anamneseformular angegebenen Tierärztin/-arzt, damit für Ihr Tier die bestmögliche tiermedizinische Behandlung gewährleistet werden kann.
 - Die Vergütung der erbrachten Leistung erfolgt per Rechnungsstellung. Bei Nichtzahlung erfolgt die Weitergabe an einen Rechtsanwalt.