TIERARZTPRAXIS
FÜR PFERDE
JENS BRUNKE

Hinter den Höfen 13
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CONSENT FORM

I hereby give my consent

Salutation ☐ Mr ☐ Mrs ☐ Diverse

Name, First Name

Street and House Number | Postal Code | City and Country

that my veterinary patient records held by the Tierärztliche Gemeinschafts-praxis Heeslingen may be transferred to Veterinarian Jens Brunke.

I understand that this transfer of data is necessary to ensure seamless and informed veterinary care. The transfer may include medical histories, treatment records, vaccination data, and any other relevant documentation.

Place, Date | Signature