

Registration form for our vet students

Form of address		
Family name	Given name	
Street / no.		
Postal code / town		
Country		
Date of birth		
Nationality		
Phone (with country code)		
Email		
Relevant diseases / allergie	es / handicaps	
Emergency contact		
Linergency contact		
Full name:		
Phone (including country co	ode):	
•		
Email:		

Start of internship	End of inter	nship				
Additional information:						
Insurance						
We recommend a travel- and	d a international he	ealth insurance.				
Vaccination Vaccinations are not obligate We recommend to consult ye	•	ecialist				
The allowance for a four-wee	∍k internship amoι	unts to € 1,890.00				
Extension of the internship in two week steps, with a additional charge of € 490.00 are possible if we have vacancies.						
To confirm your booking please transfer a 40% down payment to						
Dog Care Clinic e.V. Swiftcode/ BIC: SOLADES IBAN: DE67 6945 0065 015						
For payments in other currencies than Euro please contact us.						
Please transfer the remaining amount and the deposit of €250.00 at least two weeks prior to departure.						
I hereby give my consent, that the Dog Care Clinic e.V. is allowed to use and store my personal data for the handling of the internship. I have read and understood the 'Guidline for students' and agree with the conditions of the students internship.						
Please note – the booking is down payment will not be ref		ou have to cancel the	e internship the			
Place and date	Signat	cure for a binding regi	stration			