

CLIENT NAME: _____ SPOUSE NAME: _____
ADDRESS: _____ SPOUSE CELL: _____
CITY: _____ SPOUSE EMPLOYER: _____
STATE: _____ ZIP CODE: _____ SPOUSE WORK PHONE: _____
HOME PHONE: _____ REFERRED BY: _____
WORK PHONE: _____
CLIENT CELL PHONE: _____
PLACE OF EMPLOYMENT: _____
PRIMARY PERSONAL EMAIL: _____

INFORMED CONSENT MEDICAL RECORDS AND INFORMATION RELEASE

A. Wisconsin law requires written informed consent to release your pet's health care records to certain third-parties (non-owners). WisStat.453.075. Please indicate to whom you authorize us to release your pet's health care records:

____ **YES** Kennels and Groomers, Pet Daycares, Pet Insurance companies, other Veterinary Clinic/Hospitals,
Rescue and Humane Organizations, ect.

____ **NO** I do not give permission to release my pet's health care records to the above organizations.

B. Wisconsin also requires written authorization from you for others (spouse, children, friends, pet sitters, relatives, ect) to make medical decisions in your absence. Please list all applicable names.

C. **YES**____ **NO**____ Do we have permission to use photographs or radiographs of your pet in clinic educational displays such as reminder cards, dental take home sheets, brochures, bulletin boards. If yes, I agree not to file any claim for revenue or lawsuit for damages against this veterinary practice with respect to display/release of this information.

D. If you should ever need to find a new home for your pet, please understand that you will need to submit written permission to us in order for records to be released to a new owner.

I certify that I am the client/owner listed above, I am at least eighteen (18) years of age, and this information is correct to the best of my knowledge.

Name of Owner (Print) _____ Date _____

Signature of owner _____ Witness Initials _____