



COUNTRYSIDE VETERINARY CLINIC

1231 N. KNOWLES AVENUE NEW RICHMOND, WI 54017

Phones: (715)246-5606 * Fax: (715)246-9256

WEBSITE: countrysidevet-nr.com

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24/7 Emergency Services

Informed Consent Information

Date: _____

Primary Owner: _____

Client ID: _____ (# provided when form presented at CVC)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Additional Owners:

A. Other than you and any additional owners listed above, are there any other persons (18 years or older) to whom you give primary responsibility for the care of your pets? (*Authorized agents are not automatically entitled to make medical decisions for your pet, unless you give permission in section B*) If yes, please list them in the order you wish us to contact them in the event that you or the co-owner is not available.

Authorized Owner's Agent #1: _____ Phone: _____

Authorized Owner's Agent #2: _____ Phone: _____

B. I understand that my veterinarian will need to communicate with me, the co-owner, or my authorized agent, prior to treatment of my pet(s) in order to obtain informed consent per the State of Wisconsin. For purposes of informed consent, I direct my veterinarian as follows:

Informed consent may ALSO be provided by the agents above, in the order listed.

YES _____ NO _____

C. The above information applies to all of my pets? YES _____ NO _____

Client Permission for Release of Medical Records

A. Wisconsin law requires written permission to release your pet's health records to certain third-parties (non-owners). Wis.Stat.453.075. Please indicate to whom you authorize us to release your pet's health records.

Other Veterinary Clinics & Hospitals	YES _____	NO _____
Humane Organizations & Rescues	YES _____	NO _____
Property Management Organizations	YES _____	NO _____
Kennels & Pet Daycare	YES _____	NO _____
Groomers	YES _____	NO _____
Pet Insurance Companies	YES _____	NO _____
Other: _____	YES _____	NO _____

B. Do we have permission to use photographs or radiographs of your pet(s) in Clinic educational displays such as bulletin boards, brochures, website pages, or educational presentations?

_____ **YES** _____ **NO** If **YES**: I agree not to file any claim for revenue or lawsuit for damages against Countryside Veterinary Clinic with respect to the display/release of this information.

C. 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. _____ **Initials**

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

Signature Primary Owner:

Date:

Printed Signature of Primary Owner:

Clinic Employee Witness Signature:

Date: