

Kettle Moraine Veterinary Clinic, S.C.

2712 Eastern Avenue, P.O. Box 439, Plymouth, WI 53073 (920)892-4225

Owner Information

First:	Last:	M.I.:
Mailing Address:		
City:	State:	Zip:
Home Phone:	Cell:	Work:
Email:	Employer:	
Additional Owner(s):		
Home Phone:	Cell:	Work:
Mailing Address:		
City:	State:	Zip:

Agent Information - Non Owner(s)

Other than you are there any other person(s) you would give primary responsibility for the care of your pet? This includes authorizing all medications, treatments, hospitalizations, sedation, anesthesia, surgery, and **euthanasia**.

All authorized agents must be 18 years of age or older and the authorized agent will be responsible for all incurred costs.

1. Name: _____	Phone: _____
2. Name: _____	Phone: _____
3. Name: _____	Phone: _____

I understand that my veterinarian will need to communicate with me, or someone designated by me, prior to treatment of my pet(s) in order to obtain informed consent. For purposes of obtaining informed consent, I direct my veterinarian as listed above:

Signature	Printed Name	Date
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Office Use
