

Kettle Moraine Veterinary Clinic, S.C.

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

Client ID: _____ (Office use only)

Primary owner: _____

Co-owner (must be 18 years of age or older) : _____

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 included 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:

For Signature Please Enter Complete Name

Date

Office Use
