

Client Permission for Release of Medical Records

Primary Owner:

Client ID:

Name: _____

Address: _____

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 this veterinary practice 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: _____

Clinic Employee Witness Signature: _____ Date: _____