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## Client/Patient Information Form

Owner (must be 18 years or older):

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

*Preferred method of communication. Please Select One:*

Text \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

List any and all other people who are authorized to make medical/financial decisions regarding the pet(s) named under this account (**must be 18 years or older**).

Name	Relationship to owner	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

*We want to provide excellent customer service and high quality patient care, and strive to meet and exceed your expectations. The following are important topics, and we'd like to be proactive in your wishes. Please don't hesitate to inquire if you would like further explanation or have questions.*

*We love to share veterinary success stories, testimonials, and photos. Please notify us if you wish to prohibit us from using your pet's photo, and/or testimonial for training, educational, and marketing purposes. There is no expectation of financial compensation, and your full name will not be used. I also grant Veterinary Associates, LLC permission to post my pet's (pets') picture, story and medical information on social media. Initial: \_\_\_\_\_*

*I authorize the release of my pet's (pets') vaccination status to grooming, boarding, day care, and veterinary facilities without additional consent. In the event you've notified us your pet is covered by veterinary pet insurance, we will send medical records when requested. Our hospital will contact you for permission if copies or summaries of the record are requested. Initial: \_\_\_\_\_*

*Many drugs that have been approved for use in humans and/or some animals have also been proven to be safe and effective in species for which the drugs are not labeled. Our veterinarians, often by necessity, must recommend, administer, and prescribe drugs that are considered extra-label. I authorize my pet's veterinarian to use extra-label drugs. Initial: \_\_\_\_\_*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_