

**Eau Claire Animal Hospital**

2504 Mall Drive  
Eau Claire, WI 54701  
(715) 835-5011

**Annual Update**

Client Information

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse or Secondary Person's Name \_\_\_\_\_

Spouse or Secondary Person's Cell Phone \_\_\_\_\_

Spouse or Secondary Person's Place of Employment \_\_\_\_\_

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

E-Mail Address \_\_\_\_\_

How would you prefer to receive vaccine reminders for your pet(s)?      mail      e-mail

Yes I hereby consent to release my pet(s) medical information to the following (boarding kennel, referral veterinarian, relatives, friends).

\_\_\_\_\_

No Please contact me prior to releasing my pet(s) medical information.

Please list name(s) of people you authorize to consent for treatment of your pets.

\_\_\_\_\_

Please list the name(s) of your current pets. \_\_\_\_\_

*I assume full financial responsibility for my pet's care. I understand that I must pay in full at the time medical services are completed. I have been advised that any charges revealed during post care audits will be invoiced in a timely manner and remain my financial responsibility.*

Signature

Date