



Froedtert Hospital • 9200 West Wisconsin Ave., Milwaukee, WI 53226-3596
Community Memorial Hospital of Menomonee Falls, Inc. d/b/a Froedtert Menomonee Falls Hospital • W180 N8085 Town Hall Rd., Menomonee Falls, WI 53051
St. Joseph's Community Hospital of West Bend, Inc. d/b/a Froedtert West Bend Hospital • 3200 Pleasant Valley Rd., West Bend, WI 53095
Froedtert & the Medical College of Wisconsin Community Physicians • 110 Lone Oak Ln., Harfford, WI 53027
Holv Family Memorial, Inc. • 2300 Western Ave., PO Box 1450. Manitowoc. WI 54221-1450

Owner DOB:

## ANIMAL OWNER PROXY REQUEST

This Animal Owner Request Form (this "Form") is to be completed by an owner who is 18 or over and wants to the right to access the animal patient's information available through the MyChart portal ("MyChart"), furnished by Froedtert Health Inc. ("FH") and the Provider Organizations listed below.

MyChart is an easy-to-use online tool or mobile app that provides quick and secure access to medications, and other medical record information of health care services. FH furnishes MyChart for the patients of the following organizations and their respective subsidiaries and other affiliates that use FH's Epic electronic health record system • Froedtert Memorial Lutheran Hospital, Inc., Community Memorial Hospital of Menomonee Falls, Inc. d/b/a Froedtert Menomonee Falls Hospital, St. Joseph's Community Hospital of West Bend, Inc. d/b/a Froedtert West Bend Hospital, Froedtert Health Neighborhood Hospital LLC d/b/a Froedtert Community Hospitals, Holy Family Memorial, Inc., Wisconsin Diagnostic Laboratories, LLC and certain other affiliates of FH (collectively, "FH Affiliates").

Note: The same MyChart terms and conditions apply to the Animal Owner/Proxy, available at https://help.froedtert.care/articles/terms-use. A separate proxy request is required for each animal as each animal has his or her own record.

Owner Name:

| Owner Address:   |                             |   |                  |                     |       |
|--|-----------------------------|---|------------------|---------------------|-------|
| Phone Number:  |                             | Owner Email:                                  |                  |                     |       |
| Animal Information:  |                             |   |                  |                     |       |
| Animal Name:   |                             | Animal Species: (cat, dog, bird, lizard, etc. |                  |                     |       |
| <ul><li>Animal Owner as Proxy: [Animal Owner as Proxy:</li></ul> | •                           |   | vare of the an   | imal's death;       |       |
| All information identifying the Anii   | nal Owner/Proxy on this Fo  | rm is current and cor                         | rectly identifie | s the Proxy.        |       |
|  |                             |   |                  |                     |       |
| By signing below, I exercise my right  | to access my animal's patie | ent information as a p                        | roxy to my an    | imal's MyChart acco | ount. |
|  |                             |   |                  |                     |       |
| A : 10 0: 1  |                             |   |                  |                     |       |
| Animal Owner Signature   |                             |   | L                | Date/Time           |       |
| Fax completed form to fax#: 414  | -259-1244 or                |   |                  |                     |       |
| Email: healthinformation@froedt  |                             |   |                  |                     |       |
|  |                             |   |                  |                     |       |
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|  | l                           |   |                  |                     |       |
|  |                             |   |                  |                     |       |



Original - Medical Records