



VETERINARY MEDICAL RECORDS RELEASE FORM

Date:

Client:

Phone:

Email:

Address:

City/State/Zip:

I, the undersigned do hereby grant my permission for the release of any or all the information contained in the medical record of the pet listed to be given upon request

to _____

Pet Name(s) For Release of Medical Records

1):

2):

3):

4):

5):

6):

Client Signature: _____

Date: