

# RECORDS RELEASE FORM



To authorize the release of your pet's records, please fill out this form to completion. Your name and the pet's name must match the name on the account. You must sign and date this form in order to authorize release. One release must be filled out for each pet.

Owner's Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Pet's Name

\_\_\_\_\_

Individual or Facility for Whom the Records are to be Released (if not the owner)

\_\_\_\_\_  
Name of individual or facility

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address\*

How would you like these records distributed?

Fax to facility

Email to facility\*

Email a copy to you\*^

\*If records are to be emailed, please be advised that email is NOT secure. The records will be emailed as a PDF.

^If you would like a copy emailed to you, please provide an email address below:

\_\_\_\_\_  
Your Email Address