



Veterinary Medical Records Release Form

Client Name: _____

I, the undersigned do hereby grant my permission for the release of any or all of the information contained in the medical records of those pets listed below to the following person or Veterinary practice:

Pet Name(s) For Release Of Medical Records

1. _____ 2. _____

3. _____ 4. _____

Release Records to: _____

Date: _____ Fax # _____

Reason For Request Of Records:

Client Signature

Date

TVC/CSP Staff Witness

Date