**Release of Records Authorization**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the owner of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Print name Name(s) of pet(s)

Give my permission for the medical records pertaining to the above-named pet(s) to be sent to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (Name of Veterinary Clinic)

**Reason for sending records:**

 Changing Veterinary Clinics

 Going for a second opinion

 Going for boarding/grooming

 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Office Use Only

Date:

Clinic:

Fax/email:

Initials: