

Lovell Equine Clinic
1781 Airport Rd
Gallatin, TN 37066
Office: 615-452-7789
Fax: 615-452-1131

Authorization of Release of Medical Records/Information

I, _____, authorize Matthew W Lovell, DVM and/or Lovell Equine Clinic to release or obtain Medical/Farrier reports from the person(s) listed below:

Records should be released for _____
(Horse's given or registered name)

Medical records should include shot/immunization records, coggins reports, physical exam reports, hoof/farrier reports and emergency farm calls including phone consults.

Person To Whom The Records Are to Be Released From:

Name: _____

Address: _____

Phone #: _____

Person To Whom The Records Are To Be Released To:

Name: _____

Address: _____

Home Phone#: _____

Work Phone#: _____

E-Mail Address: _____

Current Owner:

Name: _____

Address: _____

Home Phone#: _____

Work Phone#: _____

E-Mail Address: _____

Signature: _____

Date: _____