13191 Old Nashville Hwy, Smyrna, TN 37167
615-462-7051

Authorization to Release Veterinary Records

PLEASE E-MAIL THE RECORDS REQUESTED BELOW AS SOON AS POSSIBLE TO CREATURE COMFORTS KENNELS AS NOTED BELOW:

Email: creaturecomfortskennel@gmail.com

Pet Parent Information:

Name: _____

Address: _____

_____ City: _____ State: _____ Zip Code: _____

Phone: _____

Pet Information:

Name: _____ Breed: _____
Name: _____ Breed: _____
Name: _____ Breed: _____

Please include copies of:

Vaccination Records for above listed pets.

I hereby certify that I am the owner (Pet Parent) or authorized agent of the Pet Parent of the above-described pet(s). Further, I hereby request and authorize this veterinarian to release the requested medical information for my pet(s) to Creature Comforts Kennels LLC. I release the veterinarian and staff from any legal responsibility or liability for the release of information to the extent indicated as authorized herein. This authorization expires 90 days from the date of signature. I understand I may revoke this authorization, but the revocation may not be applied retroactively once the information specified herein has been released.

PET PARENT SIGNATURE: _____ **Date:** _____