

Authorization to Release Veterinary Records

Pet Owner Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Information

Name Species Breed Description

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The information to be released includes:

\_\_\_\_Entire Medical Record

\_\_\_\_Vaccination History Only

\_\_\_\_Current Vaccinations Status Only

I hereby certify that I am the owner or authorized agent of the owner of the above-described pet(s).

Further, I hereby request and authorize Heart & Soul Pet Clinic, to release the requested medical

information for my pet(s) to the following Veterinary Clinic(s) and/or boarding/grooming facilities.

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I release Heart & Soul Pet Clinic and their veterinarians and staff from any and all legal liability for

the release of information to the extent indicated and authorized herein. I may revoke this

authorization in writing at any time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner/Owner’s Agent Signature Date