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File/Client #

Country Friends
VETERINARY CLINIC

Medical Record Release Authorization

I **authorize** **do NOT authorize** Country Friends Veterinary Clinic to release any and all medical information to an facilities, to include, but not limited to: boarding, grooming, other veterinary clinics and/or rescue groups, requesting said information on all pets both current and future. Please be aware that we must abide by properly requested release of pet records from law enforcement agencies.

Owner's Printed Name

Owner's Signature

Date

Please list any additional names of persons (co-owners) who are authorized to request release of records.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

I authorize the release of all records of all pets to Country Friends Veterinary Clinic. Please fax to: (972)636-9562 or email to our Hospital Manager at jim@cfvc.net

Owner's Printed Name

Owner's Signature

Date