In accordance with the Veterinary Practice Act regarding the confidentiality of patient medical records, a written authorization is required in order for Animal Medical Center to release copies of your pet’s medical records. Medical records released shall not contain any sensitive personal or financial information of the owner. ONLY medical treatment records will be released.

**CLIENT INFORMATION:**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Phone: |  |
| Email: |  |

**PET INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Breed |  |
| Name  |  | Breed |  |
| Name  |  | Breed |  |

**AUTHORIZED TO RELEASE MEDICAL RECORDS TO:**

Potential facilities that will need your medical records: other Veterinary Practices or Specialists., Boarding Facilities, Grooming Facilities, Daycare Facilities, Breeders, and Dog Parks

|  |  |
| --- | --- |
| Facility Name: |  |
| Fax or Email: |  |

|  |  |
| --- | --- |
| Facility Name: |  |
| Fax or Email: |  |

|  |  |
| --- | --- |
| Facility Name: |  |
| Fax or Email: |  |

**RECORDS THAT CAN BE RELEASED:**

**AUTHORIZATION:**

I hereby certify that I am the owner or authorized agent of the owner of the above described pet(s). Furthermore, I request and authorize Animal Medical Center to release the requested medial information for my pet(s).