



Consent for Medical Records
Release Form

In accordance with the Veterinary Practice Act regarding the confidentiality of patient medical records, “a written authorization or other form of waiver executed by the client or an appropriate court order subpoena” is required in order for a veterinary clinic to produce copies of your pet’s medical records.

Pet Name _____ Pet Name _____

Pet Name _____ Pet Name _____

Pet Name _____ Pet Name _____

Pet Name _____ Pet Name _____

Owner’s Name: _____

Address: _____

Phone: _____

**I hereby request that each of my pet’s medical records be sent to
“Clancy’s Dream”
clancysdream@gmail.com.**

Owner Signature

Date