



## **Veterinary Medical Record Release Form**

Pertaining to the following patient(s) owned by me

[Redacted area]

I hereby authorize my veterinarian and/or veterinary hospital to release the following veterinary medical records, lab reports and/or radiographs.

[Redacted area]

Please release these records to:

[Redacted area]

[Redacted area]

Client's Signature

[Redacted area]

Date