



Authorization to Release Veterinary Records

Pet Owner Information

Name: _____

Address: _____

Phone Number(s): _____

Pet Information

Name	Species	Breed	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 The Animal Clinic of Glasgow, to release the requested medical information for my pet(s) to the following Veterinary Clinic(s) and/or boarding/grooming facilities.

I release The Animal Clinic of Glasgow 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