

All Animals Veterinary Clinic
107 W. Elm St.
Lebanon, IN 46052
765-482-7387 phone
765-482-7388 fax

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 or subpoena" is required in order for us to provide a copy of your pet's medical records.

I certify that I am the owner of the patient(s) named below or that I am acting as a legal agent for the owner.

Client's Name _____

Client's address _____

Client's Phone _____

Patient Names(s) _____

By signing below, I hereby authorize All Animals Veterinary Clinic, to release my pet's medical records to groomers, boarding facilities, other veterinary clinics, and state health officials as needed.

Client's Signature

Date