

Kentuckiana Animal Clinic
1500 East 18th Street
Owensboro, KY 42303
Phone (270) 684-2949 Fax (270) 686-1360

AUTHORIZATION TO RELEASE VETERINARY RECORDS

Pet Owner Information:

Name: _____

Address: _____

City: _____

Telephone: _____

E-Mail Address: _____

Pet Information

Name: _____ Breed: _____

Name: _____ Breed: _____

Name: _____ Breed: _____

The information to be released includes:

Entire Medical Record Vaccination History Only Current Vaccination Only

**Kentuckiana Animal Clinic will provide the information requested above to the following:
(mark all that apply.)**

1. Other Veterinarians involved in the care of my pets.

2. Boarding facilities that my pet may stay at.

3. Grooming Facilities.

4. Other specify. _____

Do Not Release Medical Records

I hereby certify that I am the owner or authorized agent of the above described pet(s). Further, I hereby request and authorize Kentuckiana Animal Clinic to release the requested medical information for my pet(s) to the above. I release Kentuckiana Animal Clinic 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. The Kentuckiana Animal Clinic policy is to provide the requested release within two (2) business days of the written request.

_____ Date: _____
Owner signature