

GREYSTONE PET HOSPITAL

CONSENT FOR MEDICAL RECORDS RELEASE

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.

Patient Name(s): _____

Client Name and Address: _____

Phone Number: _____

Email Address: _____

I hereby authorize the release of my pet's medical records or vaccination history to the facility or facilities requested by me, the client, as signed below:

Client Signature

Date