



2917 Old US 231 South
Lafayette, IN 47909

Veterinary Medical Records Release Form

I, the undersigned do hereby grant my permission for the release of any or all the information contained in the medical record of the pet listed to be given upon request:

Pet Name _____

Pet Name _____

Pet Name _____

Pet Name _____

Client Signature _____ Date _____

This release will remain in effect until you notify us in **WRITING** of any desired changes