



VETERINARY MEDICAL RECORDS RELEASE FORM

Client: _____ Date: _____
Phone: _____ Address: _____
Email: _____ City/State/Zip: _____

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 to Del Mar Veterinary Hospital:

Pet Name(s) For Release of Medical Records

1): _____ 3): _____
2): _____ 4): _____

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

Client Signature: _____ Date: _____