



MEDICAL RECORDS WAIVER

In accordance with the right to privacy regarding medical information of our patients, please sign your request regarding the release of any and all medical information pertaining to all of your pets, present and in the future.

ONLY SIGN ONE OPTION PLEASE

*All medical information may be released to any individual or organization for all my pets registered on my account

Date

Signature

*Only vaccine history and heartworm testing status may be released to any individual or organization for all my pets registered on my account. No other medical information shall be released

Date

Signature

*No medical information or any vaccination history shall be released to any individual or organization without my expressed **written** consent pertaining to all of my pets registered on my account.

Date

Signature