

Three Springs Animal Hospital

442 Three Springs Road Bowling Green, KY 42104

270-842-2111/ Fax 270-904-8083

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 or subpoena" is required in order for "Place medical records are currently held" to produce copies of your pet's medical records. Medical records released shall not contain any personal or financial information of the owner. Only medical treatment records shall be released.

I certify that I am the sole and rightful owner of the patient or that I am acting as a legal agent for the owner.

Pet Name(s): _____

Client Name and Address: _____

Client Phone: _____

I hereby authorize the release of my pet's medical records to:

Three Springs Animal Hospital, Bowling Green, KY 42104 (270)842-2111, fax (270)904-8083

Client Signature: _____

Date: _____

For Staff Use Only:

Patient files were faxed/mailed/given to: _____

Staff Initials: _____