

# *Wolfchase Animal Hospital*



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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 Wolfchase Animal Hospital to release your pets medical records or to obtain your pet’s medical records from another facility. Only medical treatment records shall be released. These records shall not contain any sensitive personal or financial information.

Pet Name \_\_\_\_\_

I hereby authorize the release of my pet’s medical records.

Owner or authorized agent \_\_\_\_\_ (please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby authorize Wolfchase Animal Hospital to obtain my pets medical records from another clinic, hospital, or boarding/grooming facility.

Owner or authorized agent \_\_\_\_\_ (please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_