

**CONSENT TO RELEASE RECORDS**

I, \_\_\_\_\_, authorize Linworth Animal Hospital to  
release my pet(s) records to \_\_\_\_\_.

If the above mentioned person/location requires copies of the doctors notes, I understand that the fee to have these records copied and/or faxed is \$5.00 plus \$0.25 per page copied. There is no charge for a copy of the computer generated history or vaccination record.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



LINWORTH ANIMAL HOSPITAL

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2133 W. GRANVILLE ROAD  
WORTHINGTON, OH 43085

After hours emergencies: 614-846-5800  
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