Bartow Animal Clinic
1515 US Hwy 17 South
Bartow, Fl 33830

X-Ray Release

Please read and complete this form in full. We are legally bound to keep your pets information confidential and therefore require all requests in writing. This is not done as an inconvenience to you but rather our obligation to your privacy.

I, _____ hereby give Bartow Animal Clinic

permission to release my pet/pets _____ X-rays.

I will be picking up my pet's x-rays on _____

The reason for this X-ray request is because:_____

_____

_____

Owner Signature **Date**

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Office Use Only

Bartow Animal Clinic employee releasing records:

_____

Date Released

_____