

CONSENT TO RELEASE RECORDS

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

I understand that the fee to have these records copied and/or faxed is \$5.00 plus \$0.25 per page copied.

I also understand that my pet insurance policy is an agreement between the company I have chosen and myself. After the initial transfer of records future communication is the responsibility of the pet owner.

Please allow at least 48 hours for the copy and transfer of records.

Signature

Date



LINWORTH ANIMAL HOSPITAL

PHONE: 614-888-5170

2133 W. GRANVILLE ROAD
WORTHINGTON, OH 43085

After hours emergencies: 614-846-5800
www.linworthanimalhospital.com