

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 **Eastpoint Veterinary Clinic** 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.

Patient Name(s): _____

Client Name and Address: _____

Client Phone: _____

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

_____ Veterinary Clinic or Hospital

_____ Boarding/Grooming Facility

Client Signature

Date

For Staff Use Only

Patient Files were faxed to: _____ Patient files were mailed to: _____

Patient files were given to: _____