



I authorize Chaparral Veterinary Medical Center and/or the Doctors of Chaparral Veterinary Medical Center to release records of the below described animal.

Animal Name: _____

Owner Name: _____

Owner Signature/Verbal: _____ Date: _____

Doctor: _____

Doctor Signature: _____ Date Released: _____

Records Released To: _____

Fax Number: _____ Email: _____

Date Requested: _____ CVMC Employee: _____