

**Medical Records Release Form**

In accordance with the Veterinary Practice Act regarding the confidentiality of patient medical records, a “a written authorization or other form of waiver executed by the client or an appropriate court order of subpoena” is required in order for us to provide a copy of your pet’s medical records.

I certify that I am the owner of the patient(s) named below or that I am acting as a legal agent for the owner...

Client’s Name \_\_\_\_\_

Client’s Address \_\_\_\_\_

Client Phone \_\_\_\_\_

Patient Name(s) \_\_\_\_\_

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By signing below, I hereby authorize Mobley Veterinary Clinic to release my pets

Medical records to: \_\_\_\_\_

\_\_\_\_\_

Client Signature & Date: \_\_\_\_\_