

Mill Creek Animal Hospital
10100 Jones Bridge Road
Alpharetta, Georgia 30022
770-740-0330

Authorization To Release Veterinary Records

I, _____, authorize the written and/or verbal release of medical records for the following pets (Print names below):

For the purpose of: (Check all that apply)

- Boarding, grooming, or day care facilities that require proof of vaccines
- Pet insurance claim
- Other veterinarians or specialists my pet(s) will visit
- Inquiry by rescue groups for adopting a pet

-OR-

- Do not release my pet's medical information without contacting me

I acknowledge that I am the owner/agent of the above animal(s), and authorize the release of information to the extent indicated.

This authorization expires: Never ____ Months ____ Years

Owner/Agent Name (Please Print) _____

Date

Relationship if not owner _____

Date

Owner/Agent Signature _____

Date