



Erlanger Veterinary Hospital

3414 Dixie Highway
Erlanger, KY 41018
Telephone: 859-727-2046
Fax: 859-795-0878

Authorization to Release Veterinary Records

Pet Owner Information:

Name: _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip Code: _____

Pet Information:

Name: _____ Breed: _____
Name: _____ Breed: _____
Name: _____ Breed: _____

Erlanger Veterinary Hospital has my permission to release information contained in the Medical Record of the above named pet(s).

The information to be released includes:

Entire Medical Record Vaccination History Only

Erlanger Veterinary Hospital will provide the information requested above to the following party:

Name: _____ Telephone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip Code: _____

I hereby certify that I am the pet owner or authorized agent of the pet owner of the above described pet(s). Further, I hereby request and authorize Erlanger Veterinary Hospital to release the requested medical information for my pet(s) to the above named facility. I release the Erlanger Veterinary Hospital veterinarians and staff from any legal responsibility or liability for the release of information to the extent indicated as authorized herein. This authorization expires 90 days from the date of signature. I understand I may revoke this authorization in writing at any time, but the revocation may not be applied retroactively once the information specified herein has been released.

Pet Owner Signature: _____ **Date:** _____