

**WHITESBURG ANIMAL HOSPITAL & THE LODGE AT WHITESBURG**  
*Uniting the Art of Caring with the Science of Medicine*

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**CLIENT INFORMATION**

<b>Client's Name</b>	
<b>Spouse's Name</b>	
<b>Street Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	
<b>Work Phone</b>	
<b>E-mail Address</b>	
<b>Driver's License Number &amp; State</b>	
<b>Referred By</b>	

**PATIENT INFORMATION**

<b>Pet's Name</b>	
<b>Species</b>	
<b>Breed</b>	
<b>Date of Birth</b>	
<b>Color</b>	
<b>Sex</b>	
<b>Spayed or Neutered?</b>	

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<b>Species</b>	
<b>Breed</b>	
<b>Date of Birth</b>	
<b>Color</b>	
<b>Sex</b>	
<b>Spayed or Neutered?</b>	

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<b>Color</b>	
<b>Sex</b>	
<b>Spayed or Neutered?</b>	



8407 Whitesburg Drive SE - Huntsville, AL 35802

Phone: 256.882.0950 Fax: 256.882.2229

Email: [HappyPet@WhitesburgAnimalHospital.com](mailto:HappyPet@WhitesburgAnimalHospital.com)

Website: [WhitesburgAnimalHospital.com](http://WhitesburgAnimalHospital.com)

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**MEDICAL RECORDS RELEASE**

I, \_\_\_\_\_, owner of \_\_\_\_\_  
*Print Client's Name* *Print Pet's Name(s)*

authorize Whitesburg Animal Hospital to release or obtain copies or summaries of the medical records of my pet(s) to or from the following:

**1. Veterinary Hospitals**

- Any Veterinary Hospital  
 Only the specific Veterinary Hospital listed: \_\_\_\_\_  
 Do not release or obtain information to or from any Veterinary Hospital

**2. Grooming Facilities**

- Any Grooming Facility  
 Only the specific Grooming Facility listed: \_\_\_\_\_  
 Do not release or obtain information to or from any Grooming Facility

**3. Boarding Facilities**

- Any Boarding Facility  
 Only the specific Boarding Facility listed: \_\_\_\_\_  
 Do not release or obtain information to or from any Boarding Facility

**4. Pet Insurance Companies**

- Any Pet Insurance Company  
 Only the specific Pet Insurance Company listed: \_\_\_\_\_  
 Do not release or obtain information to or from any Pet Insurance Company

**5. Individuals**

- Any Individual  
 Only the specific Individual listed: \_\_\_\_\_  
 Do not release or obtain information to or from any Individual

**6. Photo Release**

- I authorize any photos or video taken of my pet to be used by Whitesburg Animal Hospital, PC in any publicity or promotion materials including social media.

**This authorization will remain in effect until I chose to withdraw it in writing.**

\_\_\_\_\_  
**Client's Signature**

\_\_\_\_\_  
**Date**



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