




Whitesburg Animal Hospital, PC & The Lodge at Whitesburg
8407 Whitesburg Drive  Huntsville, AL 35802
256.882.0950
Uniting the Art of Caring with the Science of Medicine



MEDICAL RECORDS RELEASE

I, _____, owner of _____
Please Print Client's Last Name *Please 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:

1. Veterinary Hospitals

- Any Veterinary Hospital who inquires
- Only the specific Veterinary Hospital listed: _____
- Do not release information to any Veterinary Hospital

2. Grooming Facilities

- Any Grooming Facility who inquires
- Only the specific Grooming Facility listed: _____
- Do not release information to any Grooming Facility

3. Boarding Facilities

- Any Boarding Facility who inquires
- Only the specific Boarding Facility listed: _____
- Do not release information to any Boarding Facility

4. Pet Insurance Companies

- Any Pet Insurance Company who inquires
- Only the specific Pet Insurance Company listed: _____
- Do not release information to any Pet Insurance Company

5. Individuals

- Any Individual who inquires
- Only the specific Individual listed: _____
- Do not release information to any Individual

6. I authorize Whitesburg Animal Hospital to obtain my pet's medical records from:

- Any Veterinary Hospital, Grooming Facility, Boarding Facility, Pet Insurance Company or Individual
- Only the specific Veterinary Hospital, Grooming Facility, Boarding Facility, Pet Insurance Company or Individual listed: _____
- I do not authorize Whitesburg Animal Hospital to obtain my pet's medical records

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

Client's Signature

Date