

**PARK HILLS ANIMAL HOSPITAL**  
**Authorization to Release Medical Records**

In accordance with the Veterinary Practice Act regarding the confidentiality of patient medical records, "a written authorization or other form of waiver executed by the client or an appropriate court order or subpoena" is required in order for Park Hills Animal Hospital to release copies of your pet(s) medical records.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Pet Name(s): \_\_\_\_\_

I certify that I am the sole and rightful owner of the pet(s) described above or that I am acting as a legal agent for the owner. I hereby authorize the release of my pet(s) medical records to other veterinary, boarding or grooming facilities to which I take my pet(s).

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date

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