



## Authorization to Release Veterinary Records

### Pet Parents Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Pet Information

Guests Name: \_\_\_\_\_ Listed Breed with Vet: \_\_\_\_\_

Guests Name: \_\_\_\_\_ Listed Breed with Vet: \_\_\_\_\_

Guests Name: \_\_\_\_\_ Listed Breed with Vet: \_\_\_\_\_

Please include copies of the following:

Most Current Vaccination History

I hereby certify that I am the owner or authorized agent of the Pet listed above-described pet(s). Further, I hereby request and authorize this veterinarian to release the requested "most current vaccine history" for my pet(s) to Schertz Pet Manor LLC. I release the veterinarian and staff from any legal responsibility or liability for the release of information to the extent indicated as authorized herein. This authorization expires 364 days from the date of signature. I understand I may revoke this authorization, but the revocation may not be applied retroactively once the information specified herein has been released.

Pet Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_