



VETERINARY RECORD RELEASE FORM

Please fax the records requested below at your earliest convenience to:

Attention: A Round Of A Paws **Fax:** (702) _____

Pet Parent Information:

Pet Parent Name – please print: _____

Pet Parent Signature: _____ Date: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Pet Information:

Name: _____ Breed: _____

Name: _____ Breed: _____

Please include copies of:

Vaccination Records, Laboratory Reports, Exam Reports, Surgery Reports
Pathology/Biopsy Reports, Radiology/X-Ray Reports

Entire Medical Record: _____ **Date Range:** _____

I hereby certify that I am the owner or authorized agent of the Pet Parent of the above-described Pet(s). Further, I hereby request and authorize this veterinarian to release the requested medical information for my pet(s) to A-Round of A-Paws. 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 90 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 Parent Signature: _____ **Date:** _____