



GRAND AVENUE
VETERINARY CLINIC

RECORDS RELEASE FORM

To authorize the release of your pet's records, please fill out this form to completion. Your name and the pet's name must match the name on the account. You must sign and date this form in order to authorize release. One release must be filled out for each pet.

Owner's Name

Print Name

Signature

Date

Pet's Name

Individual or Facility for Whom the Records are to be Released (if not the owner)

Name of individual or facility

Address

City

State

ZIP Code

Phone Number

Fax Number

Email Address*

How would you like these records distributed?

Fax to facility

Email to facility*

Email a copy to you*^

*If records are to be
will be emailed as a

☐

emailed, please be advised that email is NOT secure. The records
PDF.

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^If you would like a copy emailed to you, please provide an email address below:

☐

Your Email Address