

Boyd's Creek Animal Hospital
11653 Chapman Hwy
Seymour, Tennessee 37865
Telephone: (865) 577-2738
Fax: (865) 577-5738
www.boydcreekvet.com

Client Name _____ Acct# _____

Veterinary Medical Records Release Form

I, the undersigned do hereby grant my permission for the release of any or all of the information contained in the medical records of those pets listed below to the following person or Veterinary practice:

PET NAME(S) FOR RELEASE OF MEDICAL RECORDS

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Release Records to: _____

Date: _____ Fax# _____

REASON FOR REQUEST OF RECORDS:

**** This release will remain in effect until you notify us in writing of any desired changes.****

CLIENT SIGNATURE

DATE

STAFF WITNESS(print and sign)

DATE