

PetSound Animal Hospital

Authorization of Patient Medical Release of Records Form

Client's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

In accordance with North Carolina State Law, pet medical records may not be disclosed without the client's written consent to "any person other than the client or other veterinarian involved in the care or treatment of the animal". By signing this agreement, I authorize PetSound Animal Hospital to provide a copy, summary, or narrative of my pet's medical records or to otherwise release confidential information as indicated below.

Pet's Name: _____

Breed/Color: _____

Age: _____

_____ Current Vaccination sent via fax, mail or email

_____ Complete patient medical record

_____ Discuss with Boarding Kennels/Grooming Salons verbally about current vaccination information.

This document serves as my authorization for a veterinarian, (or his/her designee) at PetSound Animal Hospital to release the medical history of my pets as deemed necessary at the time of the request including medication and/or treatments past and present. This document shall be placed in my file and be in effect immediately upon receipt by the facility and/or the date below. This authorization shall remain in effect until written instructions direct otherwise.

Client Signature: _____ Date: _____