



## **Veterinary Release Form**

Please fill out this form completely to authorize the release of your pet's medical records or information.

### **Owner Information**

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

**Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### **Pet Information**

**Pet's Name:** \_\_\_\_\_

**Species:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Age:** \_\_\_\_\_

### **Receiving Party Information**

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

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### **Purpose of Release**

Please specify the reason for this release: \_\_\_\_\_

### **Authorization and Consent**

I authorize the release of my pet's medical records to the receiving party listed above.

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

**Date:** \_\_\_\_\_

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A program of The National Humane Education Society [www.nhes.org](http://www.nhes.org)