

Animal Hospital of Nicholasville

Medical Records Release

In accordance with the Veterinary Practice Act regarding the confidentiality of patient medical records, "a written authorization or other form of waiver executed by the client or an appropriate court order of subpoena" is required in order for Animal Hospital of Nicholasville to produce copies of your pet's medical records. Medical records released shall not contain any personal or financial information of the owner. Only medical treatment records shall be released.

First Name _____ Last Name _____ Number _____ Date _____

Address _____ City _____ Zip _____

Patient Names: _____

I hereby authorize the release of my pet's medical records to:

Veterinary Clinics or Hospitals, Boarding/Grooming Facilities, Animal Control

Specific Family members or friends _____

Additional Comments: _____

Please **check below** where we have your permission to leave a confidential message (e.g. lab or test results, prescription information, etc). Leave the space(s) blank if you **do not wish** to receive messages.

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

I certify that I am the sole and rightful owner of the patient or that I am acting as a legal agent for the owner.

Client Signature _____

For staff use only:

Patient files faxed to _____

Patient files mailed to _____