

Adair County Animal Hospital

Main Office Phone: 270-384-6113

Fax: 270-385-9174



Authorization to Release Veterinary Records

Owner Information:				
Name:				_
Address:				
City:	State:	Zip Code:		
Telephone (home): _	Cellular	:		
Email Address:			_	
Pet(s) Information:				
	Breed Breed			
Name:Breed:				
Records to Release: Vaccination History Entire Medical History				
From (Name of Clinic or Animal Hospital):				
The above Veterinary Clinic will provide the history type requested above to the following:				
To: (Name of Clinic or Animal Hospital):				
Address:	Cit	y: S	tate:	_ Zip:
Telephone:	Fa	x:		
I hereby certify that I am the owner or authorized agent of the owner of the above described pet(s). Further, I hereby request and authorize				
Owner or Owner's Ag	ent Signature	///		