



MEDICAL RECORD RELEASE FORM

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 owner is required in order to provide a copy of your pet's medical record.

Client Name: _____

Address: _____

Phone: _____

Patient's Name(s): _____

Reason for request (please select all that apply):

- Personal record keeping
- Specialist or Referral Services
- Second Opinion Elsewhere- _____
- Cost Concerns
- Moving out of the area (feel free to contact us for advice on choosing a new vet)
- Gave pet to another home
- Dissatisfied with service- please elaborate:

- Please check here if you would like a manager to contact you regarding your experience.

I hereby authorize NorthPaws Veterinary Center to release my pet's medical records to:

- Myself
- Other: _____

By signing below I certify that I am the Owner of the above mentioned patient(s),
or am acting as the legal agent for the owner.

Signature: _____ Date: _____

I would like my pet's account inactivated. In doing so I acknowledge I will no longer receive reminders for vaccines and services due and that I will be responsible for keeping my pet up to date.