



PATIENT RELEASE OF MEDICAL RECORDS FORM

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_

I, \_\_\_\_\_, the owner or authorized agent for the above mentioned pet, request and give my permission to release the medical records for my pet from the following veterinary hospital:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please forward a copy of my pet's records to:

Staring Plaza Veterinary Center  
162 Staring Lane  
Baton Rouge, LA 70810  
(225) 766-8333  
(225) 766-8334 FAX  
dogandcatdocs.com

Printed Owner Name: \_\_\_\_\_

Signature of Owner or Owner's Agent: \_\_\_\_\_