COUNTRYSIDE PET ESTATES

Boarding, Day Care, Grooming & Training

Authorization to Release Veterinary Records

PLEASE FAX THE RECORDS REQUESTED BELOW AS SOON AS POSSIBLE TO COUNTRYSIDE PET ESTATES AS NOTED BELOW:

ATTN: Countryside Pet Estates Front Office FAX: _____

PET PARENT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Cell: _____

PET INFORMATION:

Name: _____ Breed: _____

Name: _____ Breed: _____

Name: _____ Breed: _____

PLEASE INCLUDE COPIES OF THE FOLLOWING:

☐ Vaccination Records ☐ Laboratory Reports ☐ Surgery Reports

☐ Exam Reports ☐ Pathology/Biopsy Records ☐ Radiology/X-Ray Reports

☐ Entire Medical Record _____ (Date Range)

I hereby certify that I am the owner (Pet Parent) or authorized agent of the Pet Parent of the above-described pet(s). Further, I hereby request and authorize this veterinarian to release the requested medical information for my pet(s) to Countryside Pet Estates, LLC. I release the veterinarian and staff from any legal responsibility or liability for the release of information to the extent indicated as authorized herein. This authorization expires 90 days from the date of signature. I understand I may revoke this authorization, but the revocation may not be applied retroactively once the information specified herein has been released.

PET PARENT SIGNATURE: _____ DATE: _____

PLEASE SAVE FORM TO YOUR DESKTOP BEFORE PRINTING AND/OR EMAILING

If you have questions or difficulties, please email us directly at reservations@countrysidepetestates.com