



Medical Records Release Authorization

I, _____ certify that I am the owner or authorized agent of the pet(s) stated below. Further, I hereby request and authorize the release of medical records (including: laboratory results, vaccination records, exam reports, surgical and anesthesia records, pathology reports and radiographs) of my pet(s). Forward my records to the Waverley Animal Hospital.

Pet(s) Name

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____ Date _____

