

# Written Authorization to Release Medical Records

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

I authorize Animal Emergency and Referral Center  
to release the medical records for my pet

“ \_\_\_\_\_ ” to

\_\_\_\_\_  
\_\_\_\_\_.

**Owner name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_