



Advanced
ANIMAL CARE

Medical Record Release

CLIENT INFORMATION

SSN: _____ Birthdate: _____ Email: _____
Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ State: _____ Zip: _____

PET INFORMATION

Pet's Name: _____ Dog Cat Other: _____
Pet's Name: _____ Dog Cat Other: _____
Pet's Name: _____ Dog Cat Other: _____
Pet's Name: _____ Dog Cat Other: _____
Pet's Name: _____ Dog Cat Other: _____
Pet's Name: _____ Dog Cat Other: _____
Pet's Name: _____ Dog Cat Other: _____

AUTHORIZATION

I authorize the release of all medical records (please include all doctors' notes) of the pet(s) listed above to be sent to Advanced Animal Care.

Printed Name: _____

Signed: _____ **Date:** _____

Owner or Authorized Agent

PREVIOUS VETERINARIAN INFORMATION

Name: _____ Office Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____ Email: _____