70 School Road
Voorheesville, N.Y. 12186
Phone (518) 765-0111
Fax (518) 765-0110

Authorization for Release of Records to The Village Animal Clinic

I, _____, the owner of _____
Name(s) of pet(s)

hereby authorize _____ to provide The Village
(Name of Veterinary Hospital)

Animal Clinic photocopies/fax/digital copies of all medical records pertaining to the above named pet(s).

Owner's signature _____ Date _____