

RECORDS RELEASE FORM

Fort Thomas Animal Hospital
1133 South Fort Thomas Avenue
Fort Thomas, Kentucky 41075
Phone: 859-781-7387 Fax: 859-781-7391
E-mail: info@ftahvet.com

The Kentucky Board of Veterinary Medical Examiners requires veterinary hospitals to have **written permission** before releasing ANY information including vaccine history, blood testing, date of last examination, etc. Submission of this form is **OPTIONAL**. If you do not wish to have information on your pets released without being contacted first, **DO NOT COMPLETE THIS FORM**. Be aware that if we receive a request for information, you will be required to provide the hospital **WRITTEN** permission before information can be released.

Consent for the release of Pet Medical Records

Owner's Name: _____

Phone Number(s):

Address:

Pet Name(s): _____

Release of Information
(Please check the appropriate box(es))

I authorize Fort Thomas Animal Hospital to release information including diagnosis, records, and labwork of my above named pet(s) to **ONLY** the following:

- Any Veterinary Hospital
- Emergency Hospitals
- Referral Specialists
- Shelter/Rescue
- Boarding Facility
- Grooming Facility
- Other Interested Party (Please Identify):

THIS PERMISSION TO RELEASE INFORMATION WILL REMAIN IN EFFECT UNTIL TERMINATED BY ME IN WRITING

Signature _____ Date _____

