

Indiana Animal Disease Diagnostic Laboratory at Purdue University  
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By completing this form and returning to ADDL, I have agreed to give access to case records and reports to the following veterinarian listed below. This veterinarian will be allowed phone, web, and print access to all submissions of the case number listed below.

**INFORMATION TO BE RELEASED**

Description of Information to be released:  All or  Other (describe below):

\_\_\_\_\_

Client/Owner's Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Animal ID: \_\_\_\_\_

Authorized Signature of Client/Veterinarian: \_\_\_\_\_

\_\_\_\_\_

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

Client/Veterinarian's Phone #: \_(\_\_\_\_\_)\_\_\_\_\_

Client/Veterinarian's Fax #: \_(\_\_\_\_\_)\_\_\_\_\_

**RECIPIENT OF INFORMATION**

Recipient's Name: \_\_\_\_\_

Recipient's Address: \_\_\_\_\_

Recipient's Phone #: \_(\_\_\_\_\_)\_\_\_\_\_

Recipient's Fax #: \_(\_\_\_\_\_)\_\_\_\_\_