

AUTHORIZATION TO RELEASE INFORMATION

I authorize the Veterinary Teaching Hospital at Purdue University to release medical record information regarding my animal.

Owner Name

Case Number

Animal Name

Please release my animal medical record information to:

<input type="checkbox"/> Myself	<input type="checkbox"/> Other
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State/Zip: _____	State/Zip: _____
Phone #: _____	Phone #: _____
Fax #: _____	Fax #: _____
Email _____	Email _____

Purdue University, its employees and officers, and the attending clinician are released from legal responsibility or liability for the release of this information to extent indicated and authorized here in.

Owner's Signature

Date

Purdue University is an equal access/equal opportunity/affirmative action university.
If you have trouble accessing this document because of a disability, please contact PVM Web Communications at vetwebteam@purdue.edu.



Purdue University College of Veterinary Medicine