

Authorization for the Release of Medical Records

I, _____, the undersigned, do hereby authorize the full release of any and all medical and veterinary records, correspondence, and medical and veterinary reports and evaluations from

Print name of licensed veterinarian(s) or veterinary establishment

regarding the medical and veterinary history, diagnosis, assessment, evaluation, and/or treatment of _____ to
Print name of animal

Print name of individual or business

A photocopy of this authorization shall be deemed effective as an original.

This authorization shall be effective for twelve (12) months from the date of signing unless otherwise revoked in writing.

Signature of Owner

Date

Print Name of Owner

Phone Number

DISCLAIMER: The Kentucky Practice Act entitles clients to a copy of their animal's medical records. **A veterinarian or veterinary establishment cannot withhold records from a client without violating the Kentucky Practice Act, KRS Chapter 321.** Pursuant to 201 KAR 16:500, a veterinarian or veterinary establishment may charge a reasonable fee for staff time and supplies for this service.