

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:

Myself

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.

