104 E. Commercial St.
Waterville, KS 66548
(785) 363-2222
(785) 363-2225 (fax)
info@bluerivervetclinic.com

Authorization to Release Veterinary Records

PLEASE EMAIL OR FAX ALL MEDICAL RECORDS

Pet Parent Information:

Name: ____

Address:____

City:____________________ State:_______ Zip Code:_________ Phone:________________

Pet Information:

Name:_______________________________ Breed:_______________________________

Name:_______________________________ Breed:_______________________________

Name:_______________________________ Breed:_______________________________

Former Veterinarian Clinic Information

Name:_______________________________ Office Number_________________Fax_________________

I hereby certify that I am the owner (Pet Parent) or authorized agent of the Pet Parent of the above-described pet(s). Further, I hereby request and authorize this veterinarian to release the requested medical information for my pet(s) to Blue River Veterinary Clinic, P.A. I release the veterinarian and staff from any legal responsibility or liability for the release of information to the extent indicated as authorized herein.

Pet Parent Signature:_________________________________ Date:____________________