



Authorization for Release of Pet Medical Information

From:

print clearly
< person's name
< person's address
< city, state, zip code

To:

< clinic/practice/vet's name
< address
< city, state, zip code

This document is to serve as my authorization for a veterinarian (or his/her designee) at the above noted clinic/practice to release to any of the following individuals, upon proof of identification of the person, the medical/health history of any of my pets/animals as deemed necessary at the time of the request including medications/treatments past and present:

Name	Relation	Home Phone	Work Phone	Cell Phone

Additionally, I hereby give a veterinarian (or his/her designee) at the previously noted clinic/practice authorization to release any of my pets/animals **only** to the care of an individual, upon proof of identification of the person, listed in the box above.

Finally, the medical/health history as well as medications/treatments past and present pertaining to any of my pets/animals may be released by a veterinarian (or his/her designee) at the previously noted clinic/practice to a representative of the following after proper identification by the individual and explanation of the circumstances:

- County Animal Response Team
- Emergency Responder [fire department, ambulance, police, River Rescue]
- Other veterinarian

This document should be placed in my file at the previously noted clinic/practice and is in effect immediately upon receipt by that facility and/or the date below, and shall remain in effect until written instructions direct otherwise.

Name (print name which must be the same as the "from" person on first page]

Witnessed by [optional but recommended]:

[signature]

[signature/seal]

[

[printed/name]

[date]

[date]

NOTE: Signature of sender is required above for this document to be valid.

Annual review and updating of the information on this document by the person completing/signing the form is recommended.

Disclaimer

This document has been prepared and distributed for general public use by PASART' who **accepts no responsibility or liability** for its use by individuals. This document is provided merely as a courtesy and informational document. Verbiage and format can be adjusted by the individual as they see fit. Persons utilizing this form either in its entirety or premise are solely responsible for ensuring the cooperation of their pet(s) veterinarian, health care giver, etc. **All legalities are the sole responsibility of the person completing this form or utilizing its format, content, context, and general premise.**



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Being prepared. It's the best thing we can do for our pets and our families.