

Cazenovia Animal Hospital

2750 Rt. 20 East Cazenovia, NY 13035
315-655-3409 phone 315-655-3271 fax

www.cazenoviavet.com

info@cazenoviavet.com

Authorization to Release Veterinary Medical Records

Owner Information:

Name _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Pet Information:

Name _____ Dog__ Cat__ Breed _____

Name _____ Dog__ Cat__ Breed _____

Name _____ Dog__ Cat__ Breed _____

Name _____ Dog__ Cat__ Breed _____

Name _____ Dog__ Cat__ Breed _____

I certify that I am the owner or authorized agent of the pet(s) listed above,
and hereby request and authorize my veterinary hospital to release the
requested medical information for my pet(s) to the Cazenovia Animal
Hospital.

Owner Name _____

Owner Signature _____ Date _____

