



# Finger Lakes Mobile Veterinary Services

## Record Release Authorization

### Clinic information:

Clinic name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I \_\_\_\_\_, the legal owner of the animals stated below, request and authorize the release of medical records to Finger Lakes Mobile Veterinary Services. I am requesting the:

\_\_\_\_\_ Full medical records including doctor's notes and diagnostics.

\_\_\_\_\_ The vaccination and routine testing records only.

*Check the desired choice(s)*

\_\_\_\_\_ I would like to stay an active client of the clinic stated above, the release of records is NOT intended to be a termination of the veterinary-client-patient relationship.

1st _____	Species: _____	Other: _____
2nd _____	Species: _____	Other: _____
3rd _____	Species: _____	Other: _____
4th _____	Species: _____	Other: _____
5th _____	Species: _____	Other: _____
6th _____	Species: _____	Other: _____
7th _____	Species: _____	Other: _____
8th _____	Species: _____	Other: _____

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please email records to:  
info@fingerlakesmobilevet.com**