



Boarding, Daycare,
Grooming, Training,
& Melendez Puppies!

467 River Road Farmville, Va. 23901

Authorization to Release Veterinary Medical Records Form

Veterinary Hospital/Clinic: _____

Veterinary Hospital/Clinic Email: _____

Owner Information:

Name: _____ Email: _____

Full Address: _____

Home Phone: _____ Cell Phone: _____

Pet Information:

Pet's Name: _____ Birth-date: _____

Pet: Cat Dog Breed(s): _____

Sex: _____ Spayed Neutered Weight: _____ Color: _____

Please include copies of:

Dogs: Rabies DHLPP Bordetella Fecal Test Results Heartworm Flea & Tick Prevention
Other

Cats: Rabies FVRCP Fecal Test Results Heartworm Flea & Tick Prevention Other

I certify that I am the owner of authorized agent of the pet(s) listed above, and hereby request and authorize the above veterinary Hospital/Clinic to release the requested medical information for my pet(s) to the Kat's Kennels LLC.

Owner Name: _____

Owner Signature: _____ Date: _____

**Please Email The Requested Medical Records To Kat's Kennels LLC At katskennels3@gmail.com
As Soon As Possible.
Thank You.**