

Completed by: _____
Date: _____



Authorization to Release Veterinary Records / Pet Information

Vet Office Information:

Vet Office: _____ Phone: _____



Pet Parent Information:

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Pet Information:

Name: _____ Breed: _____
Name: _____ Breed: _____
Name: _____ Breed: _____
Name: _____ Breed: _____
Name: _____ Breed: _____

Please include copies of:

-  Vaccination Records (including Heartworm and Intestinal Parasite checks and medications)
-  Any other pertinent information we should know in order to ensure health while boarding

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 Paw-A-Day Inn. I release the veterinarian and staff from any legal responsibility or liability for the release of information to the extent indicated as authorized herein. I understand I may revoke this authorization, but the revocation may not be applied retroactively once the information specified herein has been released.

PET PARENT SIGNATURE: _____ **Date:** _____