

# Information Release Form



## Animal Aid Clinic South

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Office Use Only

Client Account #: \_\_\_\_\_

Date: \_\_\_\_\_

I \_\_\_\_\_ (pet owner's name), hereby authorize the release of my pet's

\_\_\_\_\_ (pet's name) medical records from Animal Aid Clinic South to

\_\_\_\_\_.

\_\_\_\_\_ Pet Owner's Signature