



Medical Records Release and Authorization for Future Use and Disclosure of Medical Information

I authorize the custodian of records of: _____ to disclose/release, if and when needed by another veterinary facility, all records for the above mentioned pet(s).

I understand that this authorization is voluntary and that I may refuse to sign this authorization. By signing below I represent and warrant that I am the above named pet's guardian/owner and have authority to sign this document and authorize the use or disclosure of protected records and my pet(s)' health information and that there are no claims that would prohibit or restrict my ability to authorize the use or disclosure of my pet's health information and records.

Signature of Owner

Date

Name of Owner (Print)

GBVC Representative (witness)