



CHIPLEY ANIMAL HOSPITAL

VETERINARY MEDICAL RECORDS RELEASE FORM

I, the undersigned, do hereby grant permission for the release of any or all of the information Contained in the medical record of any pet of mine that has an established patient relationship with Chipley Animal Hospital to be given upon request.

Including, but not limited to: Pet(s) Name(s): _____

Client Signature _____ Date _____

****This will remain in effect until such a time that you notify us in WRITING of any desired changes.****