

# Release of Medical Records from Lone Oak Animal Clinic

## Pet Owner Information:

First: \_\_\_\_\_ Last: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of my pets subject to this release: \_\_\_\_\_

\_\_\_\_\_

I am the owner of the pets listed on this document. I request that Lone Oak Animal Clinic release my pets' medical records and information to the Requesting Party listed below.

Pet Owner Signature: \_\_\_\_\_

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

## Requesting Party:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Email address of Recipient: \_\_\_\_\_

Phone: \_\_\_\_\_