



CHATHAM ANIMAL HOSPITAL

Authorization for Veterinary Medical Records Release

In accordance with the Veterinary Practice Act regarding the confidentiality of patient medical records, a written authorization is required in order for Veterinary Animal Hospital to produce copies of your pet's medical records. Medical records released shall not contain any sensitive personal or financial information of the owner. Only medical treatment records shall be released. And

Release them to :

Chatham Animal Hospital at 105 Oceana Place Cary NC 27513 919-469-8114 reception@chathamanimal.com

CLIENT INFORMATION

Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____ Cell Phone: _____ Other Phone: _____

PET INFORMATION

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

RELEASE PETS MEDICAL RECORDS FROM

Name of Veterinary Practice/Boarding Facility: _____
 Address: _____ Email: _____
 City: _____ State: _____ Zip Code: _____ Phone: _____
 FAX: _____ Attn: _____
 Other: _____

REASON FOR REQUEST

Relocation Primary Veterinary Copy Referral to Specialist
 Second Opinion Other:

Please include copies of:

Vaccination Records Exam Results
 Pathology/Biopsy Reports Dental ICU Records
 Radiographs Entire Medical Records
 Laboratory Reports Radiology/X-ray Reports

I hereby certify that I am the owner or authorized agent of the owner of the above-described pet(s). Further, I hereby request and authorize Falls Road Animal Hospital to release the requested medical information for my pet(s).

Signature of Owner _____ Date _____

Use this form to ask any current or past facility to release your records and email them in a PDF format to reception@chathamanimal.com or mail them to 105 Oceana Place Cary NC 27513