

Veterinary Medical Records Release Form

I, the undersigned do hereby grant my permission for the release of any or all of the information contained in the medical records of the pet(s) listed to be given to Small Paws Bed and Biscuit upon request:

Pet(s) Name _____

Client Printed Name _____

Client Signature _____ Date _____

This release will remain in effect until you notify us in writing of any desired changes

Small Paws Bed and Biscuit
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