



Veterinary Medical Records Release Form

In accordance with the Veterinary Practice Act regarding the confidentiality of patient medical records, a written authorization is required for Hickman Veterinary Hospital, Inc. to produce copies of your pet's medical records.

I DO

I DO NOT

grant permission to Hickman Veterinary Hospital, Inc. to forward my pets' records to other vet clinics, specialists, emergency clinics, boarders, groomers, etc. at their request.

Client Signature _____ Date _____

******This release will remain in effect until you notify us IN WRITING of any desired changes******