



EVERGREEN ANIMAL HOSPITAL
A Full-Service Small Animal Hospital

BRETT HORNBACK, DVM, P.S.C.

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CONSENT FOR RELEASE OF MEDICAL RECORDS

In accordance with the Veterinary Practice Act regarding the confidentiality of patient medical records, “a written authorization executed by the client or an appropriate court ordered subpoena” is required in order for Evergreen Animal Hospital to produce copies of your pet's medical records. Medical records released shall not contain any financial information of the owner. Only medical treatment records will be released.

I, _____, owner of _____, do hereby give Evergreen Animal Hospital permission to release my pet's medical records, including my personal information, to the following person or company: _____. This consent is good for one year.

Client's signature

Date