



Bell County Animal Clinic
P.O. Box 2340 2525 US Hwy 25E
Middlesboro, KY 40965

Ph: 606-248-4243
Fax: 606-248-4690

Medical History Release

Client Name: _____
Address: _____
City/State/Zip _____
Pet's Name: _____
Please print. All information is required.

MEDICAL RECORDS RELEASE

In accordance with the Kentucky Veterinary Practice Act regarding the confidentiality of patient medical records, "a written authorization or other form of waiver executed by the client or an appropriate court order or subpoena" is required in order for Bell County Animal Clinic to produce copies of your pet's medical records. Medical records released shall not contain any personal or financial information of the owner. Only medical treatment records shall be released.

I certify that I am the sole and rightful owner of the patient or that I am acting as a legal agent for the owner.

I hereby authorize the release of my pet's medical records to:

Fax: _____

Client Signature

Date: _____