



Authorization for Veterinary Medical Records Release

In accordance with the Veterinary Practice Act regarding confidentiality of patient medical records, a written authorization is required in order for Mandarin Veterinary Clinic 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.

CLIENT INFORMATION			
Name:			
Address:	City:	State:	Zip:
Email:		Phone:	
PET INFORMATION			
Name:		Breed:	
Name:		Breed:	
Name:		Breed:	
RELEASE PET'S MEDICAL RECORD TO			
Name of Veterinary Practice/Boarding Facility:			
Address:	City:	State:	Zip:
Fax:	ATTN:		
Notes:			
REASON FOR REQUEST			
<input type="checkbox"/> Relocation <input type="checkbox"/> Primary Veterinary Copy <input type="checkbox"/> Other <input type="checkbox"/> Second Opinion <input type="checkbox"/> Referral to Specialist			
PLEASE INCLUDE COPIES OF:			
<input type="checkbox"/> Vaccination Record <input type="checkbox"/> Exam Results <input type="checkbox"/> Pathology/Biopsy Reports <input type="checkbox"/> ICU Records <input type="checkbox"/> Dental Radiographs <input type="checkbox"/> Entire Medical Records From _____ to _____ <input type="checkbox"/> Laboratory Reports <input type="checkbox"/> 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 Mandarin Veterinary Clinic to release the requested medical information for my pet(s).			
Signature of Owner _____		Date _____	
For Staff Use Only			
Signature of Veterinarian:		Date:	
<input type="checkbox"/> Faxed <input type="checkbox"/> Given to: _____ <input type="checkbox"/> Mailed		By: Date:	
11587 San Jose Blvd, Jacksonville, FL 32223 904.268.8880 f 904.260.1333 www.MandarinVet.com Please Fax (904.260.1333) or email (checkin@mandarinvet.com) completed form			