



Medical Records Release Form

- I DO authorize Veterinary Care of Ithaca to release medical records including vaccine and spay/neuter status of my pet(s)
- I DO NOT authorize Veterinary Care of Ithaca to release medical records including vaccine and spay/neuter status of my pet(s)
- If you would like to designate person(s)/place(s) for release of any medical information about your pet(s) to, please specify below:

1. _____
2. _____
3. _____
4. _____

*It is important to release pet(s) medical information in the case of emergencies, rabies certificate for grooming or licensing and references for new pets.

Please note: We will not release any information unless it is requested and authorized by the client. We will never give out personal information (ie. phone number, e-mail or address)

Owner: _____

Owner Signature _____ Date _____