



County Animal Hospital  
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## MEDICAL RECORDS RELEASE FORM

In accordance with the 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 us to provide a copy of your pet's medical records.

I certify that I am the owner of the patient (s) named below or that I am acting as a legal agent for the owner.

Client's name: \_\_\_\_\_

Client's Address: \_\_\_\_\_

Client's Phone: \_\_\_\_\_

Patient Name (s): \_\_\_\_\_

By signing below, I hereby authorize County Animal Hospital to release my pet's medical records to: \_\_\_\_\_.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date