

HAMBRICK ANIMAL CLINIC RECORD RELEASE

I provide my consent for the release of my pets' records as follows:

- I consent to release of **ALL RECORDS** to any veterinarian clinic, boarding or grooming facility, prescription company, or any other such institution to be used in conjunction with that facility or Hambrick Animal Clinic rendering care or services for my pet.
- I consent to release of **VACCINE RECORDS ONLY** to any veterinarian clinic, boarding or grooming facility, prescription company, or any other such institution to be used in conjunction with that facility or Hambrick Animal Clinic rendering care or services for my pet.
- I **DO NOT** consent to the release of any records for any purpose.

Sign: _____ Date: _____

Print: _____