

**AUTHORIZATION TO RELEASE INFORMATION**

I authorize the Veterinary Teaching Hospital at Purdue University to release medical record information regarding my animal.

\_\_\_\_\_  
Owner Name

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
Animal Name

Please release my animal medical record information to:

Myself

Other

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Purdue University, its employees and officers, and the attending clinician are released from legal responsibility or liability for the release of this information to extent indicated and authorized here in.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

