Animal Hospital of Colorado Springs 1015 Cheyenne Meadows Road Colorado Springs, CO 80906 www.animalhospitalcs.com 719-579-9488



Medical Records Release Authorization

Owner Name:			
Owner Address:			
City, State, Zip:			
Owner email:			
Pet Name:			
Please release records to the follow	ing veterinary facility:		
Veterinary facility phone:			
Veterinary facility email:			
If you are changing veterinarians we service at every visit. We welcome service we provide to our clients. There will be a processing fee for a you or a veterinary facility at no clients. By signing below, I agree to the following the service above. I am the owner, or owner's authorized above.	any feedback you may copies of medical recordange. lowing statements: al of Colorado Springs norized representative.	give so we can further in rds which must be printed to release my pet's med	mprove the level of care and ed. We can email records to ical records to the facility
 I understand that the contents of identity (name, address, phone if the contents of identity (name, address, phone if the contents of identity (name, address, phone if identity (name, address, phone identity (name, address))). I understand that this authorizate already been taken. A photocopy or faccipile of this 	numbers). e an expiration date, ur tion is subject to revoca	nless specifically noted bation at any time, except	by the owner. to the extent that action has
 A photocopy or facsimile of thi I hereby state that I have read an to the release of records. 			-
Owner or Authorized Representative	e Signature		Date

If you wish to revoke this authorization, you must do so in writing to Animal Hospital of Colorado Springs at 1015 Cheyenne Meadows Road, Colorado Springs, CO 80906.