

Brandon Lakes Animal Hospital
Medical Records Release
Facsimile (813) 657-1474

Pet Owner:

Date:

Animal Name(s):

I, the undersigned, authorize Brandon Lakes Animal Hospital, and Mark R. Woodside, DVM, to release the full medical records of the above named pet(s) to _____ . By signing this document, I hereby release Brandon Lakes Animal Hospital and Dr. Woodside from any liabilities regarding release of the records.

Signature: _____

Date: _____