

BRANDON LAKES ANIMAL HOSPITAL

Mark R. Woodside, D.V.M.

1985 W. Lumsden Rd.

Brandon, FL 33511

Telephone: (813) 689-2207

Facsimile: (813) 657-1474

Medical Records Release

Pet Owner:

Date:

Animal Name(s):

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

Signature: _____

Date: _____