



## **Bardstown Veterinary Clinic**

Phone: (502) 348-2525 Fax: (502) 348-2533

### **Consent for Medical Records Release**

**In accordance with the Veterinary Practice Act regarding the confidentiality of patient medical records, “ a written authorization or other form of waiver executed by the client or an appropriate court order subpoena” is required in order for a veterinary clinic to produce copies of your pet’s medical records. Please see the following request and signed consent:**

**Patient Name(s):** \_\_\_\_\_

**Client Name and Address:** \_\_\_\_\_

\_\_\_\_\_

**Client Phone:** \_\_\_\_\_

**I hereby authorize the release of my pet’s medical records to:**

\_\_\_\_\_  
**Veterinary Clinic or Hospital**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**