



## Authorization for Veterinary Medical Care Release of Information

Customer:

Address:

**Pet (s)**

**Pet(s)**

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Veterinarian/Veterinary Clinic/Hospital: \_\_\_\_\_

The undersigned hereby gives Old Stone Pet Lodge (hereinafter referred to as "Kennel") permission to transport my pet (hereinafter referred to as "pet" whether one or more), for care to and from the above-mentioned Veterinarian, Veterinarian Clinic and/or Hospital (hereinafter referred to as "Veterinarian"). I give permission to Veterinarian to diagnose, treat, and administer any and all care and/or medications as Veterinarian deems necessary. I hereby give permission to Kennel to approve treatment of:

1. \_\_\_\_\_ Maximum dollar amount of \$\_\_\_\_\_ OR
2. \_\_\_\_\_ Unlimited

I assume full responsibility for the payment and/or reimbursement of any and all services, supplies and medications rendered by Veterinarian on behalf of my pet, including but not limited to diagnosis, treatment, surgery, medical supplies and boarding.

Veterinarian is hereby authorized to release any and all medical records of my pet, including but not limited to vaccination records, treatment notes prescribed medicines, and x-rays. In addition, I hereby authorize Veterinarian to discuss any and all matters regarding my pet, including but not limited to my pet's care, health, diagnoses, history and treatment.

This authorization/release is valid from the date signed below and grants permission for future Veterinarian care without the need for an additional authorization each time Kennel cares for my pet. This release/authorization shall stay in effect until such time as I deliver to Veterinarian in writing terminating this authorization/release. In signing this authorization/release I acknowledge that I have the authority to make health, medical and financial decisions regarding the above-listed pets(s).

Please fax records to Old Stone Pet Lodge at 608-455-2325.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_