

North Seattle Veterinary Clinic

10322 Lake City Way NE | Seattle, WA 98125 | Phone 206-523-7187 | Fax 206-522-6946

Medical Records Release

In accordance with the Washington State veterinary law regarding the confidentiality of patient medical records and treatment, a written authorization or other form of waiver executed by the client is required in order for us to provide a copy of your pet's medical records.

I certify that I am the owner of the patient(s) named below or that I am acting as a legal agent for the owner.

Client Name: _____

Patient Name(s): _____

By signing below, I hereby authorize North Seattle Veterinary Clinic to release my pet's medical records to: _____.

Owner/Agent Signature

Date

Owner/Agent Name (Please Print)

Owner/Agent Address

Owner/Agent Phone Number(s)