



## CONSENT FOR RELEASE OF INFORMATION

I hereby consent to allow \_\_\_\_\_ of \_\_\_\_\_  
to release information on myself and my pet(s) to :

\_\_\_\_\_  
Veterinary Clinic

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
Pet(s) Name

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date