

## Authorization To Release Health Records

Date: \_\_\_\_\_

I, \_\_\_\_\_, authorize Elizabeth Animal Hospital to copy and release the Health Records on my pet(s) listed:

\_\_\_\_\_. Elizabeth Animal

Hospital is authorized to provide these copies to me personally or to me by mail, OR to provide these copies to another veterinarian directly by fax or by mail. Provide these copies as instructed below:

Mail to (name & mailing address): \_\_\_\_\_

Fax to (name & fax number): \_\_\_\_\_

To be picked up by (name & date): \_\_\_\_\_

Thank You,

\_\_\_\_\_  
Signature

Complete Form and Fax Back to 303-646-2487