



Dr. Glenda's Animal Hospital, Inc.  
The Animal Hospital at Oakleaf Plantation  
8483 Merchants Way  
Jacksonville, FL 32222

## Authorization to Release Medical Records Form

### **Owner Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ : Zip Code: \_\_\_\_\_

I, certify that I am the owner or authorized agent of the pet(s) listed above, and hereby request and authorize Animal Hospital at Oakleaf Plantation to release and/or receive the requested medical information for my pet(s) per Florida Statute 474.2165, "Ownership and control of veterinary medical patient records; report or copies of records to be furnished."

Release to: Animal Hospital at Oakleaf Plantation

Email: info@oakleafvet.com Fax # 904-317-6555

### **Pet Information:**

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_

### **Please include copies of:**

- |   |   |
|---|---|
| <input type="checkbox"/> Vaccination Records    | <input type="checkbox"/> Fecal Test Records |
| <input type="checkbox"/> Heartworm Test Records | <input type="checkbox"/> Other: _____       |

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

*Because Your Pet Matters*