

Jensen Beach Animal Hospital  
Veterinary Medical Records Release Form

I, the undersigned, do hereby grant my permission for the release of any or all of the information contained in the medical record of any pet of mine that has an established patient relationship with Jensen Beach Animal Hospital to be given upon request.

Including but not limited to: Pet(s) Names \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*This release will remain in effect until such a time that you notify us in WRITING of any desired changes.\*\*\*\*