Lebanon Small Animal Clinic

Jason Leszkowicz, D.V.M
John Megaro, D.V.M

1196 Oregonia Road
Lebanon, OH 45036
Telephone: 513-932-4181 ext. 1
Fax: 513-932-4657
www.lebanonsac.com

AUTHORIZATION TO RELEASE VETERINARY RECORDS

Pet Owner Information

Name: ____

Address: ____

City: __________________________ State: ________________ Zip: ______________

Telephone: Home _______________ Cell _______________ Email _________________

Pet Information (Please list additional pets on back of this sheet)

Name: ______________________________ Breed: ____________________________

Name: ______________________________ Breed: ____________________________

Name: ______________________________ Breed: ____________________________

The information to be released includes:

____ Entire Medical Record ____Vaccination History Only ____ Current Vaccination Status

The Lebanon Small Animal Clinic will provide the information requested above to the following: Veterinarian, Boarding Facility, Groomer, Trainer, Rescue, Other(mark out any that do not apply)

Name: ______________________________ Fax/Address ________________________

Name: ______________________________ Fax/Address ________________________

Name: ______________________________ Fax/Address ________________________

I hereby certify that I am the owner or authorized agent of the owner of the above described pet(s). Further, I hereby request and authorize Lebanon Small Animal Clinic to release the requested medical information for my pet(s) to the above named facility(s). I release the Lebanon Small Animal Clinic and their veterinarians and staff from any and all legal liability for the release of information to the extent indicated and authorized herein. This authorization expires___ year(s) from the date of signature. I may revoke this authorization in writing at any time. The Lebanon Small Animal Clinic policy is to provide the requested release within two (2) business days of the written request.

___________________________________ Date _________________
Owner or Owner's Agent Signature