



South St. Paul Animal Hospital  
501 Concord St. North  
South St. Paul, MN 55075  
Ph: 651-455-5897 Fx: 651-455-5074

## MEDICAL RECORDS RELEASE FORM

In accordance with the Veterinary Practice Act regarding the confidentiality of patient medical records, “a written authorization or other form of waiver executed by the client or an appropriate court order or subpoena” is required in order for us to provide a copy of your pet's medical records.

I certify that I am the owner of the patient (s) named below or that I am acting as a legal agent for the owner.

Client's name: \_\_\_\_\_

Client's Address: \_\_\_\_\_

Client's Phone: \_\_\_\_\_

Patient Name (s): \_\_\_\_\_

By signing below, I hereby authorize South St. Paul Animal Hospital to release my pet's medical records going forward until notified otherwise.

\_\_\_\_\_

Client Signature

Date