

BIGHORN VETERINARY SERVICE

13545 U.S. Highway 285

Pine, CO 80470

303-838-8715

bighornvet@gmail.com



VETERINARY MEDICAL RECORD RELEASE AUTHORIZATION

Client Name: _____

Patient Name: _____ Species: _____

Breed: _____ DOB: _____ Sex: _____

Patient Name: _____ Species: _____

Breed: _____ DOB: _____ Sex: _____

Patient Name: _____ Species: _____

Breed: _____ DOB: _____ Sex: _____

Please initial:

I hereby authorize Bighorn Veterinary Service to release _____ vaccination history or
_____ all information contained in the medical record for the above listed patient(s) to:

Name: _____

Telephone: _____

E-Mail: _____

Fax: _____

Client Signature: _____

Date: _____