Veterinary Medical Center of St. Lucie County
7790 S. US Highway 1, Port Saint Lucie, FL 34952
Phone: 772.337.8570 Fax: 772.337.8571
vetmedslc@yahoo.com vetmedcenterslc.com

Medical Records Release Form

Client Name:_____

I, the undersigned, do hereby grant permission for the release of any and all of the information contained in the medical records of the pet(s) listed below to the following person(s) or veterinary practice(s).

Pet Name(s):

1._____
2._____
3._____
4._____

Records release to:

_____

Date:_____Fax:_____Email:_____

Client Authorization:_____

Date:_____