



## AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, certify that I \_\_\_\_\_  
Print name

- am the owner or
- am the authorized agent of the owner

of \_\_\_\_\_  
*Animal's name(s)*

And have the authority to execute this document.

I authorize \_\_\_\_\_  
*(Vet's name)*

to release information in the animal's medical record to Kingdom Animal Shelter

Please specify the portion of the record to be released:

- Medical & Vaccination History
- Other (please specify)

By signing below, I release the veterinary medical center named above, its employees and officers from legal responsibility or liability for the release of this information to the extent indicated and authorized herein.

This authorization expires 90 days from the date of signature. I understand that this authorization may be revoked but must be done so in writing. The revocation will not be applied retroactively after the information specified herein has been released.

\_\_\_\_\_  
Owner or Authorized Person Signature

\_\_\_\_\_  
Date