Quail Ridge Animal Hospital
937 Mica Drive, Suite 18
Carson City, NV 89705
775.267.4888
(fax) 775.267.3337

MEDICAL RECORDS RELEASE FORM

I herby authorize and instruct _____
to release my medical records, which may include diagnosis, treatment, pathology, laboratory, or any other medical findings to **Quail Ridge Animal Hospital.**

This authorization is valid for one year from the date it is signed. A copy of this authorization is as valid as the original and will be provided upon request.

My signature below will certify that I have read and understand the above notice.

_____ _____
Signature Date

_____
Print name

Patients Name/s

_____ _____

_____ _____

_____ _____

_____ _____