



Client # \_\_\_\_\_

## Evergreen Animal Clinic

3389 Orcutt Rd., Suite 101, Santa Maria, CA 93455

805.937.6341 Fax 805.937.6571

www.evergreenanimalclinic.com

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### AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS TO EVERGREEN ANIMAL CLINIC

Client Name(s) \_\_\_\_\_

Pet Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

Please release a copy of all my medical records.

Please release the records (please check one):

- To me in person
- By facsimile to Evergreen Animal Clinic 805-937-6571
- By mail to: Evergreen Animal Clinic  
3389 Orcutt Road #101  
Santa Maria, CA 93455

I authorize release of medical records from: \_\_\_\_\_

Client signature \_\_\_\_\_ Date \_\_\_\_\_