



AUTHORIZATION TO RELEASE MEDICAL RECORDS CONTAINING PERSONAL INFORMATION

Date _____

To _____

From _____

Address _____

This document, signed by me at the request of Dr. _____, is your authorization to forward to:

Forwarding clinic information:

Clinic name _____

Clinic address _____

Any and all medical records, including but not limited to X-rays, test results, quality assurance reports and any relevant information that may be deemed “personal information” under the Personal Information Protection and Electronic Documents Act (PIPEDA) for the following animal(s) owned by me:

Animal description:

Animal name /herd description _____

Species information (animal type, breed) _____

You may also discuss the contents of this medical file(s) over the telephone with the veterinarian named above or anyone who is assisting him.

Signature of Animal Owner