



# Standing Operating Procedures

## Medical Records Release

I, \_\_\_\_\_ give permission for Sangaree Animal Hospital to release my pet(S) medical records to \_\_\_\_\_. In addition, any request for my pet(s) medical history may be sent to any veterinarian who is actively treating my pets(s) or has a "need to know".

I also authorize the release of my pet(s) vaccine history to:

\_\_\_\_\_ Grooming Business

\_\_\_\_\_ Pet Boarding Facility

\_\_\_\_\_ A Rescue or Human Society for canine/feline adoption

And/or

\_\_\_\_\_ I wish to be contacted for any request that is made regarding my pet(s) medical records.

\_\_\_\_\_ Date: \_\_\_\_\_  
Client (Owner)

\_\_\_\_\_ Date: \_\_\_\_\_  
Witness