

Information Release Form



Animal Aid Clinic South

3718 E. Mishawaka Rd

Elkhart, IN 46517

Phone (574)875-5102

Fax (574)875-4277

animalaidclinicsouth@gmail.com

Office Use Only

Client Account #: _____

Date: _____

I _____ (pet owner's name), hereby authorize the release of my pet's

_____ (pet's name) medical records from Animal Aid Clinic South to

_____.

_____ Pet Owner's Signature