

## **Authorization for Release of Veterinary Records**

By signing below, I authorize Stonebridge Veterinary Wellness to release my pet's medical records to other veterinary practices, medical facilities, and insurance companies as requested by me or on my behalf. I understand that this release is solely for the purpose of transferring my pet's health information, and that the records may include details related to my pet's diagnosis, treatment, medications, and medical history.

I understand that I have the option to decline the release of my pet's records. If I choose to decline, I acknowledge that it may affect the continuity of care, treatment, or insurance claims if another veterinary facility or insurance company requires access to my pet's medical history.

- **I authorize the release of my pet's medical records to veterinary facilities and insurance companies.** \_\_\_\_\_ (initial)
- **I do not authorize the release of my pet's medical records to veterinary facilities or insurance companies.** \_\_\_\_\_ (initial)

I acknowledge that I have the right to revoke this authorization at any time by providing written notice to Stonebridge Veterinary Wellness. However, such revocation will not affect actions taken by Stonebridge Veterinary Wellness prior to the receipt of the revocation.

**Pet's Name:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_