

3H Equine Clinic and Veterinary Services

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Authorization for Release Of Medical Records

Client: _____ Horse: _____

Date(s) of Service Requested (if known) : _____

Description of Information to be released: (check all that apply)

- Vaccine Record
- Laboratory Reports
- Radiology Films
- Most recent history and physical
- Entire Medical Record
- Other _____

This information may be disclosed to and used by the following individual or organization:

Name: _____
Address: _____
City, State and Zipcode _____
Telephone Number _____

This authorizes 3H Veterinary Services to release and disclose the above stated medical records. I understand that if I wish to revoke this authorization I must do so in writing and the written revocation must be signed and dated with a date that is later than the date on this authorization. This authorization will expire in 90 days from the date of this authorization unless I otherwise specify. This authorization will be in effect until _____ (date).

Signature of Client

Date