



3076 Highway 14,
Millbrook, AL 36054
(334) 285-4210
arkanimalvets.com

REQUEST TO RELEASE INFORMATION

The records of your pet(s) are considered confidential information. In order for us to release the information contained in these records to a third party, we are required to obtain written consent from you, the owner of the pet.

Date: _____

I _____, give Ark Animal Hospital permission to release information on
_____ to _____
(Pet's Name) (Name of person/clinic to release information to)

Signature of Owner

Date

Fax this completed form to 334-285-4993 or email "arkanimalvets@yahoo.com"