

**Bartow Animal Clinic  
1515 US Hwy 17 South  
Bartow, Fl 33830**

**Medical Records Release**

**Please read and complete this form in full. We are legally bound to keep your pets information confidential and therefore require all requests in writing. This is not done as an inconvenience to you but rather our obligation to your privacy.**

**I,----- hereby give Bartow Animal Clinic**

**permission to release my pet/pets -----  
medical records.**

**I will be picking up copies of my medical records specified above on**

**----- OR**

**I would like these medical records faxed to :-----**

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**The reason for this medical record request is because:-----**

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**Owner Signature**

**Date**

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**Office Use Only      Date Released-----**

**Bartow Animal Clinic employee releasing records:-----**

**Doctor reviewing records prior to release-----**