

South Forsyth Animal Hospital
Client Consent for Release of Pet Medical Information

Client Name: _____

Pet Name(s): _____

Date: _____

At **South Forsyth Animal Hospital**, we are committed to maintaining the confidentiality of our clients' and patients' information. From time to time, it may be necessary to share your pet's medical records or information with third parties, such as boarding facilities, grooming services, or other veterinary hospitals, to ensure the best possible care.

Consent to Release Information

I, the undersigned, hereby authorize **South Forsyth Animal Hospital** to release my pet's medical records and relevant health information to:

- Licensed boarding facilities
- Groomers or pet care providers
- Emergency or specialty animal hospitals
- Referring or consulting veterinarians
- Other entities as reasonably necessary for the care and well-being of my pet(s)

This authorization includes, but is not limited to, the release of vaccination history, medical diagnoses, treatment plans, surgical history, and medication records.

I understand that I may revoke this authorization at any time by providing written notice to **South Forsyth Animal Hospital**.

Signature: _____

Printed Name: _____

Date: _____