



Authorization to Release Veterinary Records

13197 Old Nashville Hwy, Smyrna, TN 37167
615-462-7051

Veterinary Clinic/Hospital: _____

Our mutual client has requested we obtain records you may have pertaining to examination, diagnosis, and treatments provided by your office to us. **MANDATORY RELEASE OF CLIENT RECORDS** is required by the Tennessee Veterinary Practice Act, and it is also mandated that request be provided in writing, and honored in a timely manner. This request is provided to facilitate the release of records to our office so your facility can be in compliance with applicable law as it pertains to the TN Veterinary Practice Act.

PLEASE FAX OR E-MAIL THE RECORDS REQUESTED BELOW AS SOON AS POSSIBLE TO PREMIER VETCARE AS NOTED BELOW:

Fax: 615-459-0806

Email: infopremiervetcare@comcast.net

Owner Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Pet Information:

Name: _____ Breed: _____

Name: _____ Breed: _____

Name: _____ Breed: _____

Please include copies of: *Complete Medical Records* *Vaccination Records*

I hereby certify that I am the owner, or authorized agent for the owner, of the above-described pet(s). Further, I hereby request and authorize this veterinarian to release the requested medical information for my pet(s) to Premier VetCare. It is expected that records will be released and transmitted in a timely manner as required by the TN Veterinary Practice Act. This authorization expires 90 days from the date of signature. I understand I may revoke this authorization, but the revocation may not be applied retroactively once the information specified herein has been released.

Owner/Agent Signature: _____ **Date:** _____