



AUTHORIZATION TO RELEASE MEDICAL RECORDS

I authorize the New Bolton Center at the University of Pennsylvania to release my Medical Records regarding my animal.

Case Number

Owner Last Name

Animal Name

Please release my animal's medical records information to:

Myself

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone #: _____

Email: _____

Other

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone #: _____

Email: _____

New Bolton Center, its employees and officers, and the attending clinician are released from legal responsibility or liability for the release of this information to extent indicated and authorized herein.

Owner's Signature

Date

If you have any questions, you may contact the Medical Records Department at (610) 925-6108 or nbcmedicalrecords@vet.upenn.edu.