

Planco Veterinary Care
11924 Forest Hill Blvd. #9
Wellington, FL 33414
561-795-9507, 561-795-7164 (Fax)
www.plancovetcare.com

Veterinary Medical Record Release Form

Reason for records release:

Second opinion or referral (Please specify DVM): _____

Vaccination certificate for boarding, grooming, agility or obedience at: _____

My pet(s) will be in the care of _____ while I am away. I may be contacted at () ___-___ to discuss medical needs. Payment is due at time of service. Please contact us to make payment arrangements.

Change of veterinarian (please specify): _____

Reason for changing provider: _____

I _____ the undersigned do hereby grant my permission for the release of any or all of the information contained in the medical records of those pets listed below to the above person or Veterinary practice. Pet name(s) for release of medical records:

_____	_____
_____	_____
_____	_____

Check all that apply:

Please fax a summarized printout of my pet's records to: _____

Fax Number: _____

Please mail a summarized printout of my pet's records to: _____

Please email a summarized printout of my pet's records to: _____

I am picking up a summarized printout of my pet's records today.

Owner signature: _____ **Date:** _____

PVC staff signature: _____ **Date:** _____