

A completed form must be in your pet's medical record for the doctors and staff to release medical records for your pet(s). We will honor the most current form on file for a period of one (1) year from the signature date. If Sunrise Pet Clinic does not have a current form on file, which includes the individual or agent requesting records for your pet(s), the requestor must present this form to Sunrise Pet Clinic upon request of records. Please be advised that limiting disclosure may delay transfer of records until permission can be obtained from you verbally.

Sunrise Pet Clinic will release information free of charge in most cases; however multiple copies of large amounts of materials may incur a processing fee and/or postage fee. Please keep us up to date on your needs so we can keep any fees as low as possible.

I, the owner, give my permission to Sunrise Pet Clinic to disclose the medical records of my pet(s) to the following groups:

- | | | |
|---|------------------------------|--|
| <input type="checkbox"/> ER/Other: | <input type="checkbox"/> ALL | <input type="checkbox"/> Only these listed _____ |
| <input type="checkbox"/> Pet Insurance: | <input type="checkbox"/> ALL | <input type="checkbox"/> Only these listed _____ |
| <input type="checkbox"/> Boarding/Day Care: | <input type="checkbox"/> ALL | <input type="checkbox"/> Only these listed _____ |
| <input type="checkbox"/> Groomers: | <input type="checkbox"/> ALL | <input type="checkbox"/> Only these listed _____ |
| <input type="checkbox"/> Pet Sitters: | <input type="checkbox"/> ALL | <input type="checkbox"/> Only these listed _____ |

Any additional clinics, groups or individuals you would like to include under the above statement, including family and friends? _____

The individuals or agents named below may admit my pet(s) to Sunrise Pet Clinic, on my behalf, for any necessary or diagnostic treatment.

I, the owner, verify and list below the individuals who may present my pet(s) in my absence. Please include any pet sitters, children over the age of 18, groomers, boarding facilities and/or day care if applicable. _____

I UNDERSTAND I AM RESPONSIBLE FOR PAYMENT OF ALL EXPENSES INCURRED.

Owner signature – REQUIRED

I, the owner, attest that all of the above stated information is correct and accurate.

Date: _____