



Dr. Robert L. Ball, D.V.M. 18675 Marbach Lane, San Antonio, TX 78266 210.651.6202

Authorization to Release Medical Records

Owner:

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Home

Cell

Other

Patient(s):

| | | | |
|-------------|--------------|---------------|------------|
| Name: _____ | Breed: _____ | Gender: _____ | Age: _____ |
| Name: _____ | Breed: _____ | Gender: _____ | Age: _____ |
| Name: _____ | Breed: _____ | Gender: _____ | Age: _____ |
| Name: _____ | Breed: _____ | Gender: _____ | Age: _____ |

Release the medical records to:

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Home

Cell

Other

I hereby certify that I am the owner and/or authorized agent of the horse(s) listed above. Further I hereby request and authorize Bracken Equine Clinic to release **ALL** requested medical records for the animal(s) listed above. ***If all medical records are not to be released, please explain below what specific medical records are to be released.***

I release Bracken Equine Clinic and staff from any legal responsibility or liability for the release of information to the extent indicated as authorized herein. This release cannot be revoked once the information specified herein has been released.

Owner Signature

Date

Please provide a copy of your Driver's License with this form.