



Lee County Domestic Animal Services  
5600 Banner Drive, Fort Myers FL 33912  
Phone (239) 533-7387 Fax (239) 277-7387

### **AUTHORIZATION FOR VETERINARY MEDICAL RECORDS RELEASE**

In accordance with the Veterinary Practice Act regarding the confidentiality of patient medical records, a written authorization is required in order for Lee County Domestic Animal Services to produce copies of your pet's medical records. Medical records released shall not contain any sensitive personal or financial information about the owner. Only medical treatment records shall be released.

<b>CLIENT/OWNER INFORMATION</b>			
Name:			
Address:		Email:	
City:	State:	Zip Code:	Phone:
<b>PET INFORMATION</b>			
Name:		Breed:	
Name:		Breed:	
Name:		Breed:	
<b>RELEASE PETS MEDICAL RECORDS TO</b>			
Name of Veterinary Practice/Boarding Facility:			
Address:		Email:	
City:	State:	Zip Code:	Phone:
FAX:		Attn:	
Other:			
<b>REASON FOR REQUEST</b>			
<input type="checkbox"/> Relocation	<input type="checkbox"/> Primary Veterinary Copy	<input type="checkbox"/> Referral to Specialist	
<input type="checkbox"/> Second Opinion	<input type="checkbox"/> Other: _____		
<b>Please include copies of:</b>			
<input type="checkbox"/> Vaccination Records	<input type="checkbox"/> Exam Results	<input type="checkbox"/> Radiology/Xray Copies & Reports	
<input type="checkbox"/> Laboratory Results	<input type="checkbox"/> Surgery Reports	<input type="checkbox"/> Entire Medical Records	
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I hereby certify that I am the owner or the authorized agent of the owner of the above-described pet(s). I hereby request and authorize Lee County Domestic Animal Services to release the requested medical information for my pet(s).			
Signature of Owner _____		Date _____	
Print Name: _____			

**For Staff Use Only**

Patient files reviewed by Veterinarian:

Patient files were faxed to:

date:

by:

Patient files were mailed to:

date:

by:

Patient files were given to:

date:

by: