



2350 Appling City Cove Memphis, TN 38133 Phone: (901) 636-1416 FAX: (901) 636-1430

## Veterinary Records Release Consent Form

I, \_\_\_\_\_  
(Name of Pet Placement Partner Representative)

representing \_\_\_\_\_  
(Pet Placement Partner Organization)

Hereby authorize \_\_\_\_\_  
(Name of Veterinarian and/or Veterinary Clinic)

To release (via fax, telephone, e-mail or regular mail) the requested veterinary medical information, including but not limited to, vaccination records, spay/neuter status, heartworm preventative purchase history, etc., for pet(s) on our account, both current and past, to Memphis Animal Services and their designated representatives.

**By my signature below I authorize the release of all veterinary records to Memphis Animal Services.**

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_