

Ford Veterinary Surgery Center
Troy S. Ford, DVM, DACVS

Consent for Medical Records Release

In accordance with the Veterinary Practice Act regarding the confidentiality of patient medical records, "a written authorization or other form of waiver executed by the client or an appropriate court order subpoena" is required in order for a veterinary clinic to produce copies of your animal's medical records.

Please see the following request and signed consent:

Patient Name: _____

Client Name and Address: _____

Client Phone: _____

I hereby request that my horse's medical records be sent to:

Name and Address: _____

E-mail address: _____

Telephone #: _____

Client Signature _____ Date _____

For Internal Use Only

Patient files were faxed to: _____

Patient files were mailed to: _____

Patient files were given to: _____