



Millie Hardigree, DVM
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Medical Record Release

By signing below, I indicate that I am the owner of the pet(s) in question and am the legally responsible party for the indicated account. Signing this form gives Southland Veterinary Hospital my permission to release pertinent medical records (vaccination status, etc) to the owner or to the named third party.

Owner's name (printed) _____

Signature of owner _____

Pet's name(s) _____

Recipient(s) of record
(kennel, vet clinic, etc) _____

Date of request
(valid for one year) _____

Thank you!



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