



Authorization to Release Vaccination Records

PLEASE EMAIL THE RECORDS REQUESTED BELOW TO SAFE & HOUND:

Email: Info@safeandhound.net

Pet Parent Information:

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

Pet Information:

Name: _____ Breed: _____
Name: _____ Breed: _____

I hereby certify that I am the owner (Pet Parent) or authorized agent of the Pet Parent of the above-described pet(s). Further, I hereby request and authorize this veterinarian to release the requested medical information for my pet(s) to Safe and Hound LLC. I release the veterinarian and staff from any legal responsibility or liability for the release of information to the extent indicated as authorized herein. This authorization expires 90 days from the date of signature. I understand I may revoke this authorization, but the revocation may not be applied retroactively once the information specified herein has been released.

PET PARENT SIGNATURE: _____ Date: _____