

# **New Frontier Animal Medical Center**

2045 Paseo San Luis, Sierra Vista AZ 85635

520-459-0433

## **Pet Medical Record Release**

In order to protect your personal information, we require that you authorize in writing any release of your pets' information to a third party.

Please note that there are occasions when, by law, we may have to release your pets' medical records even if we cannot gain your consent. Please initial next to the people and/or organizations you are happy to have your pets' information and sign below so that we can respect your wishes within the bounds of current legislation.

Be advised that we are legally obligated to provide local Animal Control with a copy of every Rabies certificate we issue. Those who live within Sierra Vista city limits are required, by law, to register their pet with Animal Control.

Please release my pets' medical records where I have initialed:

Any Veterinarian: \_\_\_\_\_

Any Boarding Facility: \_\_\_\_\_

Any Grooming Facility: \_\_\_\_\_

Other (Please specify): \_\_\_\_\_

Please DO NOT release unless legally obliged: \_\_\_\_\_

I grant \_\_\_\_\_ do **NOT** grant \_\_\_\_\_ New Frontier Animal Medical Center permission to use any photos taken of my pet(s) for our website and social media sites.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Office Use:

Client Account number \_\_\_\_\_

Received by \_\_\_\_\_

