



Lee County Domestic Animal Services
 5600 Banner Drive, Fort Myers FL 33912
 Phone (239) 533-7387 Fax (239) 277-7387

AUTHORIZATION FOR VETERINARY MEDICAL RECORDS RELEASE

In accordance with the Veterinary Practice Act regarding the confidentiality of patient medical records, a written authorization is required in order for Lee County Domestic Animal Services to produce copies of your pet's medical records. Medical records released shall not contain any sensitive personal or financial information about the owner. Only medical treatment records shall be released.

CLIENT/OWNER INFORMATION			
Name:			
Address:		Email:	
City:	State:	Zip Code:	Phone:
PET INFORMATION			
Name:		Breed:	
Name:		Breed:	
Name:		Breed:	
RELEASE PETS MEDICAL RECORDS TO			
Name of Veterinary Practice/Boarding Facility:			
Address:		Email:	
City:	State:	Zip Code:	Phone:
FAX:		Attn:	
Other:			
REASON FOR REQUEST			
<input type="checkbox"/> Relocation	<input type="checkbox"/> Primary Veterinary Copy	<input type="checkbox"/> Referral to Specialist	
<input type="checkbox"/> Second Opinion	<input type="checkbox"/>		
Other: _____			
Please include copies of:			
<input type="checkbox"/> Vaccination Records	<input type="checkbox"/> Exam Results	<input type="checkbox"/> Radiology/Xray Copies & Reports	
<input type="checkbox"/> Laboratory Results	<input type="checkbox"/> Surgery Reports	<input type="checkbox"/> Entire Medical Records	

For Staff Use Only

Patient files reviewed by Veterinarian:

Patient files were faxed to:

date:

by:

Patient files were mailed to:

date:

by:

Patient files were given to:

date:

by: