



AUTHORIZATION FOR RELEASE OF INFORMATION

<Affix Patient Label Here>

Is this information current?

- Yes
- No: Corrections Below

Provider: Excelsior Animal Hospital Inc.
130 Oak Street Excelsior, MN 55331
(952) 474-1106

Requested by: (To whom can the information selected below be sent)

- Boarding Facilities
- Grooming Facilities
- Other **Veterinary Clinics (ie: Emergency clinics)**
- City Offices
- Other (Please specify) _____
- None

Information to be disclosed: (Medical Record Release)

- Entire Medical Record**
- OR**
- Lab Reports ONLY (This includes fecal exam results for boarding facilities)
- Vaccination Dates ONLY
- Other (Please specify) _____
- None

This authorization form will apply to all pets in above labeled household.

I understand that this authorization will be in effect for 12 months or until Annual Wellness Exam is repeated unless cancelled in writing and that my cancellation will take effect when the provider receives my notice in writing.

I authorize the above provider to release the information marked above to the requestor(s).

Signature

Date

**** By year end we will be switching to emailed vaccine reminders (they will no longer be mailed). If you would like vaccine reminders by email, please provide us with an email account. Be advised your email address WILL NOT be used for any other reason:**

Email _____