



COR VET

Cor Veterinary Services

Dr. Ty Corbiell
Veterinarian

Authorization to Release Medical Record Containing Personal Information

Owner Name: _____

Owner Address: _____

Phone Number: _____ Email: _____

Authorized Agent Name, Address & Phone Number (If owner not present):

Name of Patient: _____ Sex (circle one): Mare Gelding Stallion

Breed: _____ DOB/Age: _____ Color: _____

I _____ (owner/agent name) authorize Cor Veterinary Services to release medical information for _____ (patient name) to the following recipient:

Recipient Name: _____

Recipient Phone Number: _____ Recipient Email: _____

Specifically, the medical record information I am authorizing Cor Veterinary Services to release to the mentioned recipient includes any and all medical records including but not limited to X-Rays, tests, test results, previous examination findings, and any relevant information that may be deemed "personal information" under the Personal Information Protection & Electronics Act.

Signature of Animal Owner:

Date: _____