# INTEGRATIVE VETERINARY THERAPIES, P.C.

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## Veterinary Medical Release Form

**Client Information:**

**Name:** _____
**Spouse:** _____
**Address:** _____
_____

**Home Ph# :** _____

**Alternate Ph# :** _____

**Patient Information:**

**Patients Name :** _____

**Species :** _____ (K9 or Feline)

**Breed :** _____

**Sex :** _____ (M or F) **Spayed or Neutered**: _____

**Birthdate :** _____

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**The following people are authorized to pick up medications, medical records, or authorize medical care for my pet. I understand that I will be held financially liable for all services performed. I also understand that if I elect "Authorize medical care", I allow the individual to sign medical releases on my behalf. Furthermore, I understand that by allowing access to my pets medication(s) and medical records, the following individual(s) may have access to my address and phone number and may be given information about my pet's medical condition(s), including but not limited to any issues related to aggression. Please Initial_____**

**I understand this agreement will remain in effect unless I give written notice to Integrative Veterinary Therapies, P.C.* **Please Initial_____**

**Authorized People:**

1. Name : _____
Address : _____ City: _____ State:____ Zip : _____
Phone#: _____ Alternate Phone # : _____
**Please initial next to what the above person is authorized to do on your behalf:**
Authorize medical care _____ | Pick up medication _____ | Pick up medical records _____

2. Name : _____
Address : _____ City: _____ State:____ Zip : _____
Phone#: _____ Alternate Phone # : _____
**Please initial next to what the above person is authorized to do on your behalf:**
Authorize medical care _____ | Pick up medication _____ | Pick up medical records _____

3. Name : _____
Address : _____ City: _____ State:____ Zip : _____
Phone#: _____ Alternate Phone # : _____
**Please initial next to what the above person is authorized to do on your behalf:**
Authorize medical care _____ | Pick up medication _____ | Pick up medical records _____

**Signature:** _____ **Date:** _____ **Staff:** _____