

**Client Authorization to Release Medical Records**

I, \_\_\_\_\_ authorize Hillside Veterinary Hospital, PLLC to  
(client's name)

provide \_\_\_\_\_ medical history or vaccine history for my  
(name of clinic/boarding facility/other)

pet(s) \_\_\_\_\_.  
(pet name(s))

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please provide the following:**

Client Address: \_\_\_\_\_  
\_\_\_\_\_

Address of Clinic/Boarding Center/Other:  
\_\_\_\_\_  
\_\_\_\_\_

Fax/E-mail of Clinic/Boarding Center/Other:  
\_\_\_\_\_

*If signed by someone other than the client, state the relationship and reason for the client's inability to sign.*

Relationship: \_\_\_\_\_

Reasoning: \_\_\_\_\_  
\_\_\_\_\_

Fax to (304) 724 - 0056 or E-mail to [hillsidevet@comcast.net](mailto:hillsidevet@comcast.net)

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In circumstances pertaining to public health, West Virginia Veterinary Medical Board permits the release of patient information to authorized officials.