

Katy Area Veterinary Medical Group

Records Release Authorization

In compliance with state and federal law, Katy Area Veterinary Medical Group takes privacy very seriously.

It is the Policy of Katy Area Veterinary Medical Group to release or obtain records only as allowed by law, such as the following situations:

1. Transfer of care to or from a specialist, emergency center or critical care facility.
2. Under the signed authorization of the owner, co-owner or other designated party, as assigned by the owner or co-owner.
3. As required by law.

Owner's Name:

Pet's Name:

Additionally, Katy Area Veterinary Medical Group may request records on my behalf from the following:

- Any Veterinary Facility
 Only the following specified Veterinary Facilities:

I also Pre-Authorize Katy Area Veterinary Medical Group to release records on my behalf to the following:

- Any Veterinary Facility
 Only the following specified Veterinary Facilities:

- Any Kennel Facility
 Only the Following Kennel Facilities:

- Any Grooming Facility
 Only the Following Grooming Facilities:

- Any rescue group or pet shelter organization
 Only the following rescue group or pet shelter organization:

By Signing or submitting this form, I acknowledge that I am the rightful Owner, Co-Owner or Authorized Agent, as assigned by the Owner or Co-owner of the said pet(s) and I assume full responsibility for false or misleading information contained within.

I recognize that I may update or modify this document at any time with the completion and submittal of a new Records Release Authorization to Katy Area Veterinary Medical Group.

Printed Name: Relation: Date:

Signature Field

E-Mail: records@katyvet.com

Phone: 281-398-1551