

Veterinary Authorization for Release of Information

Pet's Name: _____

Owner's Name('s): _____

Owner's Current Address: _____

To Whom It May Concern:

I/We hereby authorize the release of the following information regarding the above pet for the sole purpose of finding suitable housing.

Owner Signature: _____

Owner's Veterinary Address & Contact Information

Veterinarian's Name: _____

Business Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

(This Section for Veterinary Office Use Only)

Pet Name: _____ Pet Breed: _____

Description of Pet: _____

Weight at Last Appointment: _____ Estimated Weight full Grown: _____ lbs.

Age of Pet: _____ Date of Last Appointment: _____

Name of Person Completing Form: (Printed) _____

Signature of Person Completing Form: _____

Upon Completion of the above information please fax this back to Ramp Creek Community at (740) 522-0702. Thank you in advance.