

**Authorization Form for the Release of Medical Records to the Animal  
Hospital of Mebane 1935 N.C. Hwy 119 South Mebane. N. C 27302  
919-304-1600 Office 919-304-1601 Fax  
[www.animalhospitalofmebane.com](http://www.animalhospitalofmebane.com)**

\* I \_\_\_\_\_ (**client's name**) here by request the release of the complete history/ medical records of \_\_\_\_\_ (**pet or pet's name**) to Dr. Gregg Jordan and his staff of the Animal Hospital of Mebane.

\* I authorize the complete vaccination history and medical records , including appropriate blood work, heartworm tests, and x-rays to be sent along with the medical record to ensure complete transfer of care and management of my pet to the Animal Hospital of Mebane.

\_\_\_\_\_  
Client Signature (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/ Hospital Staff

Additional  
Memo: \_\_\_\_\_  
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\_\_\_\_\_  
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