

COOSA VALLEY EQUINE CENTER, PC

1330 Mineral Springs Road

Pell City, AL 35125

Phone: 205-338-1111 Fax: 205-338-3242

www.coosavalleyequine.com

coosavalleyequ@aol.com

Authorization for Release of Medical Records:

Client/Owner: _____

Horse: _____

Service Date requested (if known): _____

Description of Information to be released: (check all that apply)

Vaccine Record _____

Laboratory Reports _____

Radiology Films _____

Most Recent History _____

Entire Medical Record _____

Other _____

This information may be disclosed to and used by the following individual or organization:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

This authorizes Coosa Valley Equine Center to release and disclose the above stated medical records. I understand that if I wish to revoke this authorization I must do so in writing and the written revocation must be signed and dated with a date that is later than the date on this authorization. This authorization will expire 90 days from the date of this authorization unless I otherwise specify. This authorization will be in effect until _____ (date).

Signature of Client/Owner: _____

Date: _____