



## Consent for the Release of Medical Records (Please initial all that apply)

\_\_\_\_\_ I authorize all Pet Hospitals of Hawaii hospitals and Pet Specialists of Hawaii to release/disclose the health and medical records of my pet(s) to **any veterinary facility** that may request them.

\_\_\_\_\_ I authorize all Pet Hospitals of Hawaii hospitals and Pet Specialists of Hawaii to release/disclose the health and medical records of my pet(s) to **any grooming/boarding/pet care facility** that may request them.

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\_\_\_\_\_ **I DO NOT** authorize all Pet Hospitals of Hawaii hospitals and Pet Specialists of Hawaii to release/disclose the health and medical records of my pet(s) without prior consent.

I certify that I am the legal owner, or authorized agent, of pet(s) registered under my account, and that I am authorized to sign authorizations for these pet(s). I understand that it is my sole obligation to notify all Pet Hospitals of Hawaii hospitals and Pet Specialists of Hawaii should I wish to change any portion of this document.

Client Name (print clearly): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_