

Permission to Release Medical Records *from* Wilmington Animal Hospital

I, (name) _____ of (address: street, city, state)

_____,
give Wilmington Animal Hospital of 828 Philadelphia Pike, Wilmington, Delaware, permission to
release or discuss all records for the following pets:

To:
Name: _____

Address: Street: _____

City, state, zip code: _____

Phone #: _____

Fax (if applicable): _____

Signature: _____

Date: _____

Please fax, email, or submit in person the above form:

Fax: (302)762-1620

Email: reception@wilmingtonanimalhospital.com