



MO: 1116 E. 59th Street KCMO 64110 p:(816) 353-0940

KS: 3722 State Avenue KCKS 66102

www.snkc.net

Authorization to Release Information

I, _____ hereby authorize the release of information pertaining to my pet medical records at Spay and Neuter Kansas City for the following animal(s):

Pet's name	Species	Breed	Color	Sex	Age

The information for the above listed animal(s) may be released to:

Person's name/name of business: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

Email: _____

This information may be (check all that apply):

- Mailed to the authorized party
- Provided via the telephone
- Provided via fax

- Provided via e-mail
- Other: _____

I, being the lawful owner of the animal(s) named/described above, have lawful consent to all required information and signatures authorizing the release of medical records. I hereby confirm that I have reviewed this consent form and have agreed to the terms within.

Client's signature: _____ Date: _____

FOR OFFICE USE ONLY:

Account #: _____ Information sent by (staff initials): _____ Date: _____

Copy of Driver's License taken?: Y N DL#: _____ ST: _____

Please attach a copy of the Driver's License, Passport or other state-issued photo identification to this form and file in today's WCC folder.