Princeton Animal Hospital & Carnegie Cat Clinic
726 Alexander Rd.
Princeton, NJ 08540

Authorization for Release of Medical Records
Form A

Pet(s) Name:_____

I authorize Princeton Animal Hospital & Carnegie Cat Clinic to release medical records to the following businesses/individuals upon request (example: kennels, groomers etc.):

_____
Company Name

_____
Street Address City State Zip

_____
Company Name

_____
Street Address City State Zip

Please initial below to authorize release to any township requesting medical record information for licensing. By choosing not to initial at this time, you will be required to complete additional authorization forms when medical records are requested for licensing.

_____ I authorize release of medical records to any township requesting information for licensing

Initial below to allow us to release information to requesting adoption agencies. By initialing, this will allow us to release information to requesting adoption agencies without having to obtain a written consent from you first.

_____ I authorize release of medical records to adoption agencies

_____ _____
Signature of Owner Date