



**RECORD RELEASE FORM**

I, \_\_\_\_\_, give permission for the following records to be released for the horse named \_\_\_\_\_.

	YES	NO
Radiographs	_____	_____
Ultrasounds	_____	_____
Patient History	_____	_____

Please release these records to \_\_\_\_\_ as soon as possible.

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Please send these records via:**

*(Charges may apply. Please contact the office with any questions.)*

Fax \_\_\_\_\_

USPS \_\_\_\_\_

FedEx \_\_\_\_\_

**Additional comments, requests or restrictions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please complete this form and return it to us as soon as possible so we may process your request. Thank you.*

**Miller & Associates**  
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