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Veterinary Medical Record Release Form

Reason for records release:

- Second opinion or referral (please specify DVM): _____
- Vaccination certificate for boarding, training etc.. at: _____
- My horse (s) will be in the care of _____ while I am away. I may be contacted at () _____ - _____ to discuss medical needs. Payment is due at time of service. Please contact us to make payment arrangements.
- Change of Ownership (please specify) _____
- Change of veterinarian (please specify): _____
Reason for changing provider: _____

I _____ the undersigned do hereby grant my permission for the release of any or all of the information contained in the medical records of those horse (s) listed below to the above person or veterinary practice. Horse name (s) for release of medical records:

I understand that the original records will remain on file here.
This form remains in effect till notified in writing.

Check all that apply:

- Please fax a summarized printout of my horse (s) records to: _____
Fax Number: _____
- Please mail a summarized printout of my horse (s) records to: _____
- Please e-mail a summarized printout of my horse (s) records to: _____
- Please transfer all medical records to the new owner (s) as stated above.
- I am picking up a summarized printout of my horse (s) records today.
- Please inactivate my chart. I know that the records will be retained for seven years, but I will no longer receive reminders.

Owner/agent signature: _____ **Date:** _____