By completing this form and returning to ADDL, I have agreed to give access to case records and reports to the following veterinarian listed below. This veterinarian will be allowed phone, web, and print access to all submissions of the case number listed below.

INFORMATION TO BE RELEASED

Client/Owner’s Name: ____________________________________________

Case Number: ___________________________________________________

Animal ID: _______________________________________________________

Authorized Signature of Client/Veterinarian:
_____________________________________________________________

Clinic/Veterinarian’s Phone #: ________________________________

Clinic/Veterinarian’s Fax #: _________________________________

RECIPIENT of INFORMATION

Recipient’s Name: ____________________________________________

Recipient’s Phone #: __________________________________________

Recipient’s Fax #: ____________________________________________