



**SCOTT EQUINE SERVICES**

**Medical Record Release Form**

I, \_\_\_\_\_ (owner/agent) certify that I am authorize to release records on behalf of \_\_\_\_\_ (owner) and I give permission for the following records to be release for the horse named \_\_\_\_\_.

Please release the following records (Please circle):

Radiographs	<b>Yes</b>	<b>No</b>
Ultrasounds	<b>Yes</b>	<b>No</b>
History	<b>Yes</b>	<b>No</b>

Please release these records to:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Release these records via (charges may apply/please circle one):

**FedEx**                      **UPS**                      **USPS**                      **Fax**                      **E-mail**

Additional comments, requests, or restrictions:

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

**Signature**

**Date**