

Preston Royal Animal Clinic, Inc.
10720 Preston Road, Suite 1013
Dallas, Tx. 75230

Medical History Release Authorization

To: _____ (Hospital or Clinic to be contacted)

You are hereby authorized to give Preston Royal Animal Clinic, Inc. or any authorized representative of Preston Royal Animal Clinic, Inc any and all information they may request concerning my pets' medical and physical condition and treatments. This is to include the privilege of examining radiographs, relative office records, hospital records, and diagnoses.

Please list the names of the pets' records to be released

Pet 1 _____ Pet 2 _____

Pet 3 _____ Pet 4 _____

Pet 5 _____ Pet 6 _____

Signed: _____

Print Name: _____

Address: _____

Phone: _____

