



**Northeast Pennsylvania Equine Clinic, L.L.C.**

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**VETERINARY  
MEDICAL RECORDS  
RELEASE FORM**

Pertaining to the following patient(s) owned by me, \_\_\_\_\_

I hereby authorize my veterinarian and/or veterinary hospital to release the following veterinary medical records, lab reports and/or radiographs.

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

Client's Name (Please Print) \_\_\_\_\_

Telephone Number \_\_\_\_\_

Client's Signature \_\_\_\_\_

Release to \_\_\_\_\_

Address \_\_\_\_\_

Fax # \_\_\_\_\_

Date \_\_\_\_\_