



**CENTRAL
FLORIDA
K-9**

Central Florida K-9
10806 Palmbay Drive
Orlando FL 32824
407-926-8100
CentralFloridaK9.com

Authorization to Release Health Care Information

Pet's Name: _____ **Client's Name:** _____

Client Address: _____

I request and authorize Central Florida K-9 and its employees and representatives to release any records, medical or otherwise pertaining to my pet named above to the following veterinarian or animal hospital:

Client's Signature: _____ **Date:** _____