

the Visiting Vet/Dr. Seely E. Rotigel - Veterinary Record Sharing Consent Letter

Date: _____

From: the Visiting Vet MVC/Dr. Seely E. Rotigel

Address: PO Box 122 Bedford, MI 49020

Phone: 269-731-7387/269-599-0347

Email: Visiting.vet@yahoo.com

Subject: Authorization to Release Veterinary Records

To Whom It May Concern,

I, _____, am the legal owner (or authorized caretaker) of the following pet(s):

- **Pet Name:**
- **Species/Breed:**
- **Date of Birth / Approximate Age:**
- **Microchip / ID Number (if applicable):**
- I hereby authorize the Visiting Vet/Dr. Seely E. Rotigel to release all medical records, including but not limited to examination notes, vaccination history, diagnostic test results, imaging, prescriptions, and treatment history, for the above-listed pet(s) to:

Receiving Clinic / Veterinarian:

Address:

Phone:

Email:

This authorization is valid for the purpose of ensuring continuity of care and may include verbal, written, or electronic transmission of records.

I understand that this consent remains in effect until _____ or revoked in writing.

Signature: _____

Printed Name: _____

Date: _____

Thank you for your assistance in facilitating my pet's ongoing care.

Sincerely,

