



**Request for release of records from the Veterinary Teaching Hospital at Washington State University.**

**A processing and handling fee of \$25 (minimum) will be charged for each records request.**

*This form grants approval to Washington State University for release of records as directed below.*

Please complete this form, save to your computer, then send the file by email attachment to [VTH@vetmed.wsu.edu](mailto:VTH@vetmed.wsu.edu)

Date \_\_\_\_\_

Owner Name \_\_\_\_\_

Animal Name \_\_\_\_\_

Breed \_\_\_\_\_

Case Number (if known) \_\_\_\_\_

**What to Release**

Entire Record \_\_\_\_\_

X-Rays (Radiographs) \_\_\_\_\_

CT Scan \_\_\_\_\_

Ultrasound \_\_\_\_\_

MRI \_\_\_\_\_

Recent Visit \_\_\_\_\_

Vaccination Records \_\_\_\_\_

Other \_\_\_\_\_

**Release to**

Self \_\_\_\_\_

Veterinarian \_\_\_\_\_

Clinic/Hospital \_\_\_\_\_

Other (Specify) \_\_\_\_\_

**Send Information to**

Address \_\_\_\_\_

Address (continued) \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL Address \_\_\_\_\_

**Only the animal owner or authorized agent of owner can request the record for their animal.**

By sending this request, I verify that I am the owner or authorized agent of owner of the above-mentioned animal.

**Signature or Electronic Signature and Date** \_\_\_\_\_