



Consent for the Release of Medical Records (Please initial all that apply)

_____ I authorize all Pet Hospitals of Hawaii hospitals and Pet Specialists of Hawaii to release/disclose the health and medical records of my pet(s) to any veterinary facility that may request them.

_____ I authorize all Pet Hospitals of Hawaii hospitals and Pet Specialists of Hawaii to release/disclose the health and medical records of my pet(s) to any grooming/boarding/pet care facility that may request them.

_____ I do NOT authorize all Pet Hospitals of Hawaii hospitals and Pet Specialists of Hawaii to release/disclose the health and medical records of my pet(s) without prior consent.

I certify that I am the legal owner, or authorized agent, of pet(s) registered under my account, and that I am authorized to sign authorizations for these pet(s). I understand that it is my sole obligation to notify all Pet Hospitals of Hawaii hospitals and Pet Specialists of Hawaii should I wish to change any portion of this document.

Client Name (print clearly): _____

Client Signature: _____

Today's Date: _____