



## LYNDON VETERINARY CLINIC

6867 East Genesee Street  
Fayetteville, New York 13066  
(315) 445-8170  
contact@lyndonvet.com

### VETERINARY MEDICAL RECORD RELEASE FORM

I hereby authorize the Lyndon Veterinary Clinic to release my animal's medical records to

\_\_\_\_\_.

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

Pet's Name(s): \_\_\_\_\_

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

Date: \_\_\_\_\_