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**Authorization to Release Medical Records**  
**ONE FORM PER PET**

I am giving authorization to Cliff Faver, DVM and any of his associates with Animal Health Services of Cave Creek to release medical records in regards to my pet. These medical records may include, but are not limited to, physical findings, history, laboratory testing, radiographic imaging, and medical treatments. This permission allows for verbal and/or written communication with any previous and/or future persons that have cared or will care for my pet. I understand that this medical records release may be necessary to help in accurate care, diagnosis, and treatment of my pet. These medical records may also be released in order to inform previous and/or future veterinarians of patient status and/or diagnosis.

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

Client's Printed Name: \_\_\_\_\_

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

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Only one form may be used per pet. Please fax form to 480-488-6176.

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Cave Creek, AZ 85331  
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