



2140 Maple Drive
Plover, WI 54467

Office: (715)342-1212 office@corrientevet.com
Fax: (715)342-0212 corrientevet.com

Date: ___ / ___ / ___

CONSENT FOR MEDICAL RECORDS RELEASE

OWNER & HORSE INFORMATION

Owner Name: _____ City: _____

Address: _____ State: _____ Zip Code: _____

Horse Name: _____

DESCRIPTION OF INFORMATION THAT MAY BE DISCLOSED

specify any date ranges, restrictions of type of information, etc otherwise all records will be sent

I authorize Corriente Veterinary Service to release the above named patient/s' medical records to:

Recipient Name: _____ City: _____

Address: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____ Fax: _____

Owner Signature

Printed Name

Date

Please return signed and completed form by email to office@corrientevet.com, fax to (715) 342-0212,
or mail to Corriente Vet Service, 2140 Maple Drive, Plover, WI 54467