THE EQUINE CLINIC AT OAKENCROFT
880 BRIDGE STREET RAVENA, NY 12143
PH: (518)767-2906 FAX: (518)767-3503

Stephen Naile, DVM
Ryan Penno, DVM
Jennifer Safford, DVM
Carlin Jones, VMD
Jennifer McDonald, BVetMed
Calsey Grant, DVM
Betsy Colarusso, DVM
Suzanne Jaynes, MVB
Allie Catalino, DVM
Chris White, DVM

Release of Medical Records

I _____ hereby release all medical records pertaining to the horse _____ to the person(s) specified below. I understand that this includes exam findings, treatments, vaccinations, and any imaging studies including but not limited to radiographs, ultrasounds, thermographic images and the interpretations of those studies. The medical records will be released solely to the below named and to no other persons. The Equine Clinic at OakenCroft may not be held liable for any actions taken by any parties pertaining to the release of these records to the person or persons named below.

Name: _____

Address: _____

_____

Phone: _____

Email: _____

Name: _____

Address: _____

_____

Phone: _____

Email: _____

Signature: _____ **Date:** _____

Name (Printed): _____