



# Client Record Lifetime Release Form

305 Northhaven Drive  
Monticello, Iowa 52310

## Client Information

Client Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## Recipient

Groomer     Boarder     Housing     Other

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

## Consent

I authorize Monticello Veterinary Clinic to send vaccine records to the selected recipient above. This form is in effect until MVC is contacted and informed otherwise.

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