

REQUEST FOR RELEASE OF CLIENT RECORDS

Please note: You must allow a minimum of 2 business days, from the date your request is received, for your request to be processed. For client files of more than 5 pages, the agency reserves the right to charge a processing fee of 20 cents per page. All requests must be submitted in writing. Submit to:

SPCA of Central Florida/Orlando Clinic 2727 Conroy Road Orlando, FL 32839
Fax: 407-352-2070 Phone: 407-248-1752

SPCA of Central Florida/Sanford Clinic 2800 County Home Road Sanford, FL 32773
Fax: 407-323-3792 Phone: 407-323-8685, ext. 224

Submitted to: Orlando Veterinarian Clinic _____ Date Request Submitted: _____
Sanford Veterinarian Clinic _____

Client's Name: _____

Client's Address: _____

Client's Daytime Phone Number: _____ Client's Cellphone Number: _____

Client's Signature: _____

By my signature and submission of this form, I authorize the SPCA of Central Florida to forward the client records of my pet(s) to the name and address I have provided herein. I understand these records cover the services rendered by the SPCA clinic(s), and the SPCA of Central Florida is not liable for information or services provided by other clinics or veterinarians not in the employ of the SPCA of Central Florida.

1) Pet's Name: _____ Pet's Age: _____

Dog: _____ Cat: _____ Approx. date of last visit: _____

2) Pet's Name: _____ Pet's Age: _____

Dog: _____ Cat: _____ Approx. date of last visit: _____

3) Pet's Name: _____ Pet's Age: _____

Dog: _____ Cat: _____ Approx. date of last visit: _____

Records to be sent to:

Name: _____

Address: _____

Daytime Phone Number: _____ Fax Number: _____

To be completed by SPCA Clinic staff

Date Request Received: _____ Staff Member Receiving Request: _____

Date Request Processed: _____ Staff Member Processing Request: _____

Sent by: _____ Mail: _____ Fax: _____ Picked Up by: _____ (Name)