



CHASTAIN
~ equine medicine ~

Alan D. Chastain DVM LLC
1017 Camino del Rio NW
Albuquerque, NM 87114
Ph. 505-944-5030, Fax 877-809-2380
www.chastainequine.com / office@chastainequine.com

MEDICAL RECORD RELEASE

Owner Name _____

Address _____

City _____ State _____

Zip _____ Phone _____ Fax _____

Email _____ Cell Phone _____

PATIENT INFORMATION

Registered Name _____ Breed _____

Tattoo or Brand ID _____ Age _____ Color _____

I, hereby consent to the medical record release for the selected records.

- Complete Records Radiograph Images Ultrasound Images

The records shall be sent to:

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____ Fax _____

Email _____ Cell Phone _____

- Medical Records are the property of Alan D. Chastain DVM LLC.
- The information within veterinary medical records are considered privileged and confidential and are released only by consent of the owner of the patient.
- Alan D. Chastain DVM LLC is obligated to provide copies or summaries of medical records when requested by the client as long as a written document release is secured.
- Patient Medical Records are released as long as Owner financial accounts are current.

I am the Owner of the above named animal(s) and am responsible for it and have the authority to execute this consent.

Signature _____ Date _____