



# Nashville Cat Clinic Consent Forms



## Veterinary Medical Records Release Form

I, the undersigned, do hereby grant my permission for the release of any or all of the information contained in the medical records of those pets listed below to the following person or veterinary practice:

PET NAME(S) FOR RELEASE OF MEDICAL RECORDS

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Release Records to: \_\_\_\_\_

Date: \_\_\_\_\_ Fax# \_\_\_\_\_

\*\*\*This release will remain in effect until you notify us in writing of any desired changes.\*\*\*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## Communication Authorization

I, the undersigned, give permission to receive appointment reminders and other communications through:

Email \_\_\_\_\_

Text Message (\_\_\_\_\_) \_\_\_\_\_

\*\*\*This release will remain in effect until you notify us in writing of any desired changes.\*\*\*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## Photo Release

I, the undersigned, authorize Nashville Cat Clinic to photograph my cat(s) and exhibit pictures in the clinic's reception area, on social media networks, such as Facebook, and on [www.nashvillecatclinic.com](http://www.nashvillecatclinic.com)

\*\*\*This release will remain in effect until you notify us in writing of any desired changes.\*\*\*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date