CAPITALAND ANIMAL HOSPITAL

Your pet's total wellness center

890 Troy-Schenectady Road
Latham, NY 12110

Telephone - (518) 785-5531
Fax - (518) 785-0432

Request for Veterinarian Reference for the Purposes of Adopting a Pet

(Instructions: Please print neatly and fill out completely.)

_____ _____

(Owner's Name) (Home Phone Number)

I request that medical information for any and all currently and previously owned pets including, but not limited to, vaccination information, spay/neuter status, confirmation of additional pets in the household and any documented behavioral concerns

be released to any and all rescue organizations, shelters and adoption agencies, such as Homeward Bound, the Mohawk & Hudson River Humane Society and Whiskers, for the purposes of a veterinarian reference for the above listed person(s) for the purpose of adopting a pet.

I understand that this written authorization shall remain valid until such a time that I terminate this authorization, in writing.

_____ _____

Owner's Signature Date

References will be provided within 5 business days of this request.

For Official Business Use Only

Date Requested:	Acct #:		Initials:	
Request Form ☐ Faxed ☐ Mailed ☐ Handed to Owner	Date:		Initials:	
Business Manager Approval:	Date:		Initials:	
Veterinarian Approval:	Date:		Initials:	

Information Released

Date	Organization/Rep/Phone No.	Information Given	Initials