



# Happy Trails Animal Health Center

## AUTHORIZATION FOR VETERINARY MEDICAL RECORDS RELEASE

In accordance with the Veterinary Practice Act regarding the confidentiality of patient medical records, a written authorization is required for Morgan Records Management, on behalf of Happy Trails Animal Health Center, to produce copies of your pet's medical records. Medical records released shall not contain any sensitive personal or financial information of the owner. Only medical treatment records shall be released.

### CLIENT INFORMATION:

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Name	Phone Number	Email Address
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Address	City, State, Zip Code
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### PET INFORMATION:

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Pet Name	Pet Breed
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***Please select one of the following delivery options:***

- Electronic transfer: *List your email address here*
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- Disc mailed to home or new facility. There will be a **\$10 shipping charge prior to mailing**. We mail USPS Certified Return Receipt. *List address here:*
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I, \_\_\_\_\_, hereby certify that I am the owner or authorized agent of the owner of the above described pet(s). Further, I hereby request and authorize Morgan Records Management on behalf of Happy Trails Animal Health Center, to release the requested medical information for my pet(s).

**Please note; a \$25 records management fee is requested to process & deliver medical records.**

### Payment Options:

- **CREDIT CARD** – visit our website at [MorganRecordsManagement.com](http://MorganRecordsManagement.com) to pay online
- **CHECK** - please mail your completed authorization form with an attached check or money order made payable to Morgan Records Management LLC, to 159 Frontage Rd, Manchester, NH 03103.

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Signature of Owner	Date
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Your completed authorization form may be faxed to 603-606-1126, emailed to [MHurley@MorganRM.com](mailto:MHurley@MorganRM.com), or mailed to Morgan Records Management LLC, 159 Frontage Rd, Manchester, NH 03103.