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Record Release Form

Date _____ Patient _____

Owner _____ Phone _____

Address _____

I, _____ do hereby authorize Irongate Equine Clinic to release the medical records listed below for _____, a horse under my ownership.

I authorize the release of these records to:

Name _____ Company _____

Address _____

Phone _____ Fax _____ Email _____

The following records may be released:

All records? Y/N If no, please choose which records below may be accessed:

Coggins _____ Vaccination history _____

Other (please detail the records to be released): _____

Signature _____ Date _____

Dedicated to the health and well being of the horse

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