

Washington Animal Disease Diagnostic Laboratory

RECORDS RELEASE AUTHORIZATION FORM

I AUTHORIZE release of records pertaining to the following animal(s), from the Washington Animal Disease Diagnostic Laboratory (WADDL), to the entity listed below.

WADDL Case Number(s): _____

Animal Name(s) or ID number(s):

Clinic or Other Facility to Receive Records:

Name: _____

Veterinarian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Owner Name (please print)

Signature of Owner

Date

For Office Use

AG Approval: _____ Date: _____

Medical Records Compiled By: _____ Date: _____

Director Review: _____ Date: _____

Sent By: _____ Date: _____

Mail Fax Email Pickup