



262.783.PAWS www.doggyoffice.com

## Authorization for Release

I \_\_\_\_\_ give permission to \_\_\_\_\_  
(Owner's Name) (Veterinarian Clinic)

to release to Doggy Office LLC vaccination records for \_\_\_\_\_  
(Dog's Name)

\_\_\_\_\_ (Owner Signature)

Please fax to 414.908.7236