



## CONSENT TO RELEASE PERSONAL INFORMATION

Name of Dog/Cat: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: Male \_\_\_\_ Female \_\_\_\_

Name of Foster Care Giver/Adopter: \_\_\_\_\_

Phone-Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

I \_\_\_\_\_ am applying for financial assistance from Second Chances Animal Rescue Inc.'s Saving Our Seniors Fund. I hereby authorize my veterinarian, the veterinary and office staff of that clinic, to release confidential information concerning me and my animals, to Second Chances representatives. Per this signed consent, pertinent information can be relayed via phone conversations or in person to a Second Chances representative in regard to the animal's health and medical condition, as well as to verify sterilization status when necessary. I understand that this information will be used to verify the recommended surgery for my pet. My veterinarian requires this written consent to release any personal and confidential information that Second Chances and its representative may require.

Print name (Applicant): \_\_\_\_\_

Signature (Applicant): \_\_\_\_\_ Date: \_\_\_\_\_

Witness's Signature: \_\_\_\_\_ Date: \_\_\_\_\_