



## 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 \_\_\_\_\_ hereby authorize my veterinarian, the veterinary and office staff of that clinic, to release confidential information concerning the pet adopted through Second Chances Animal Rescue, Inc. Per this signed consent, pertinent information can be relayed via phone conversations or in person to a Second Chances representative in regard to the Second Chances animal's health and medical condition, as well as to verify sterilization status when necessary. I understand that this information will be used to insure the well-being of the animal(s) in my care and to verify the medical qualifications for financial assistance from Second Chances Animal Rescue, Inc. 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: \_\_\_\_\_