



Cassandra Krenz DVM

Medical Authorization Form

Date: _____

I hereby authorize _____ to release medical records to:

Pueblo West Veterinary Clinic
1021 Market Plaza N., Suite #111
Pueblo West, Colorado 81007
Phone: (719) 547-3565
Fax: (719) 547-3375

Client(s) Name: _____

Patient(s) Name:

1) _____

3) _____

2) _____

4) _____

Client Signature: _____

If you have any questions, please feel free to contact our office. Thank you.

By Colorado statute, patient medical records are available for inspection and copying upon "submission of a written authorization-request for records, dated and signed by the patient and or client/owner" (C.R.S. §25-1-801.)