



Release of Veterinary Information

Whippet's Name _____

Age _____ Color _____ Sex _____

AUTHORIZATION TO RELEASE VETERINARY RECORDS:

I, the undersigned, have officially released my ownership of the above described Whippet to Whippet Rescue and Placement and hereby authorize any veterinarian who has treated this dog to release to that organization's representatives any and all treatment, vaccination, microchip/tattoo and other medical records relating to their care and treatment of this dog.

Name _____

Address _____

Phone _____

Signature _____