



MEDDLETON EQUINE

PERFORMANCE HORSE MEDICINE & SURGERY

Authorization to Release Medical Records

I am the owner or agent of the owner of the horse known as: Registered Name _____

Show Name _____ Barn Name _____

Breed _____ Age _____ Sex _____ Color _____

I hereby authorize and instruct Meddleton Equine Inc., Dr. Mark T. Meddleton, DVM and his agents and employees to send any and all records (including all notes, x-rays, radiographs, ultrasound pictures and other data) in his possession relating to the horse identified above to:

Name: _____

Address _____

City _____ State _____ Zip _____

and I hereby authorize Meddleton Equine, Inc. employees to discuss the information contained in the records with the person identified above.

Signature of Owner or Agent for Owner

Date

Printed Name