

Medical Information Release Form

Owner Name: _____

Owner Address: _____

Phone Number: _____ Email: _____

*Authorized Agent Name, Address & Phone Number: (if owner not present)

Name of Horse: _____

Sex: _____ Age: _____

Breed: _____ Color: _____

I (insert name of owner/agent*)

authorize Energy Equine to release medical information for (insert name of equine) to the following recipient:

Recipient Name (Company name): _____

Recipient Phone Number: _____ Recipient Email: _____

Specifically the medical information I am authorizing Energy Equine to release to the aforementioned recipient includes medical treatment that was recorded fromto (insert dates) and pertaining to the following:

Signature:

_____ Date _____