

Belleville Animal Clinic
1600 N. Belt East
Belleville, IL 62221
(618) 233-5720
Fax (618) 233-8945

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal(s) described below. I hereby give the doctors of the Belleville Animal Clinic and their staff permission to release any and all medical information pertaining to the animals(s) described below.

Name(s) of Animal(s) Reason: Moving_____, New Owner_____, Other_____

_____ Receptionist's initials_____

Signature of owner _____ Date_____

Address:_____

Home phone:_____

Contact number:_____