



**DeZavala-Shavano Veterinary Clinic**  
**4458 Lockhill Selma Rd**  
**San Antonio, TX 78249**  
**(210) 699-3939**  
**(210) 691-2684 Fax**

### **Medical History Release Form**

I authorize DeZavala-Shavano Veterinary Clinic to release medical history information for my pet(s) listed below to the designated entity.

Pets: \_\_\_\_\_  
          \_\_\_\_\_

          \_\_\_\_\_

          \_\_\_\_\_

Information to be released to: \_\_\_\_\_

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Printed Name

\_\_\_\_\_  
Owner's Phone Number

