

Veterinary Records Consent

I _____ give for the DOGS!, Inc. permission to
PRINT NAME

retrieve vaccine records from _____
VETERINARIAN OFFICE

for my dog(s): (Print Dog(s) Names)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

For Verification Purposes:

Name _____

Address _____

City _____ Zip _____

Phone _____

Signature _____ Date _____