

# Authorization for Release of Medical and Veterinary Records to the Kentucky Board of Veterinary Examiners

I, \_\_\_\_\_, the undersigned,  
print name here

do hereby authorize the full release of any and all medical and veterinary records, correspondence, billing information, and medical and veterinary reports and evaluations from \_\_\_\_\_ Licensed Veterinarian, regarding the medical and veterinary history, diagnosis, assessment, evaluation, and/or treatment of \_\_\_\_\_ to the Kentucky Board of Veterinary  
print name of animal

Examiners or any authorized agent or investigator of the Board.

I understand that the above records may be used by the Board in the investigation and possible disciplinary prosecution under KRS Chapter 321 against the Licensed Veterinarian. I further understand that the Board will make reasonable efforts to protect the confidentiality of my records under KRS Chapter 61 and Chapter KRS 13B, or other applicable law.

A photocopy of this authorization shall be deemed effective as an original.

This authorization shall be effective for one year from the date of signing.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

\_\_\_\_\_  
print name here