



Pet Adoption Release of Information

Client Name: _____

Address: _____

Phone: _____

Pet Name(s): _____

I, give my permission for Macungie Animal Hospital to disclose information on services they have provided for my pets to the following organizations:

Client Signature: _____

Date: _____

Office Use:

Client Account #: _____

MAH Team Member: _____

Date Received: _____