Lynden Police Department

AUTHORIZATION FOR RELEASE OF ANIMAL INFORMATION

(PRINT name of animal) (PRINT Name) (PRINT Name) (PRINT Name) (PRINT Name) (PRINT Name) (PRINT Name) Name of designated Facility or Provider Address NFORMATION TO BE RELEASED FROM: LYNDEN POLICE DEPARTMENT ANIMAL CONTROL DIVISION 203 19TH STREET LYNDEN, WA 98264 (360)354-2828 FAX (360) 354-7609 NFORMATION TO BE RELEASED: All medical records Specific information (Please specify treatment date or type): MY RIGHTS: may revoke this authorization in writing. I understand that once the health information I have authorized to be disclosed reac site noted recipient, that person or organization may re-disclose it, at which time it may no longer be protected under Privacions.		DOB:	
Current Address NFORMATION TO BE RELEASED FROM: Name of designated Facility or Provider Address NFORMATION TO BE SENT TO: LVNDEN POLICE DEPARTMENT ANIMAL CONTROL DIVISION 203 19TH STREET LVNDEN, WA 98264 (360) 354-2828 FAX (360) 354-7609 NFORMATION TO BE RELEASED: The most recent 2 years of pertinent information (chart notes, labs, x-rays, and special tests). All medical records Specific information (Please specify treatment date or type): MY RIGHTS: may revoke this authorization in writing. I understand that once the health information I have authorized to be disclosed reac sthe noted recipient, that person or organization may re-disclose it, at which time it may no longer be protected under Privacious. IGNATURE: DATE:			(Breed of Animal)
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This authorization will expire 90 days from the date signed.

Lynden Police Department

203 19th Street Lynden, Washington 98264 Office (360) 354-2828 Fax (360) 354-7609