



www.fundsforfurfriends.com

Funds for Furry Friends

Suite 208 – 740 Rosser Avenue, Brandon Manitoba, R7A 0K9

VETERINARY INFORMATION RELEASE FORM

I, the undersigned, authorize the following veterinary clinic, _____ to release any and all information and knowledge they have regarding my past care of animals in my possession to the dog rescue organization Funds for Furry Friends of Brandon, Manitoba Canada. Funds for Furry Friends in turn agrees to keep all such information obtained confidential and to use the information solely for the purpose of determining suitability of the individual as an adopter or foster home for one of our rescued dogs or cats. *Providing and tracking down veterinary history is the responsibility of the applicant, and if veterinary history can not be provided for any reason, Funds for Furry Friends can not proceed with the application.* Any information obtained will not be released to other parties unless the individual authorizing the release gives us written consent.

FULL NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____ POSTAL CODE: _____

SIGNATURE: _____ DATE AUTHORIZED: _____

**PLEASE FAX A COPY OF THIS FORM TO YOUR VET CLINIC PRIOR TO
SUBMITTING APPLICATION FORMS TO THE RESCUE.**