

**Kalona Veterinary Clinic, P.C.**  
Sheldon Yoder, DVM - Marvin Slabaugh, DVM  
Arlin Karsten, DVM  
**405 6th Street**  
**Kalona IA**  
**(319) 656-3666**

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**Vaccination & Medical Records Release Authorization Form**

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I, the undersigned, do hereby authorize The Kalona Veterinary Clinic to release all **Vaccination Records** of my pets listed below to requesting boarding, and grooming facilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, do hereby authorize The Kalona Veterinary Clinic to release all **Medical Records** of my pets listed below to veterinary facilities as needed for medical and/or surgical treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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In addition, I authorize the following person(s) to release the records of these pets, as listed above, in the event that I am unable to do so.

\_\_\_\_\_

**This authorization expires one year from the date below.**

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Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

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All veterinary medical records are considered privileged and confidential. According to Iowa State Law (Chapter 811 12.4(2)) records will not be released except by court order or the consent/request of the owner or any authorized individual of the patient(s).

It is with our utmost respect not to share any client-patient confidential records without your permission. By signing and agreeing to this form this gives us the permission to release any medical information listed for the above named patient(s).