

Animal Shelter Inc. – 17 Laurelwood Road – Sterling, MA 01564

978-422-8585

978-422-8574 fax

staff@sterlingshelter.org

Veterinarian Release Form

TO: _____

In the event of illness / injury / death or inability to no longer care for my pets, I hereby authorize any and all handwritten medical records and vaccination records for ALL my pets to be released to the Animal Shelter Inc. of Sterling, MA at the address above.

They can be mailed and/or faxed to the address above.

Signed: _____ **Date:** _____

Print Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

Pet(s) full name – Sex – Breed – Color – Age

