

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, FL 32399-0783**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION		
<p>To: Any and all treating veterinarians or facilities</p> <p>This document authorizes any and all licensed veterinarians, hospitals, clinics, laboratories, medical attendants and other persons who have participated in providing any care or service for me, to discuss any communications (whether confidential or privileged) and to provide complete patient reports and records justifying the course of treatment to the Department of Business and Professional Regulation (or any official representative of the department) pursuant to Section 455.243, Florida Statutes.</p> <p>The information may include, but is not limited to: patient histories, x-rays, examinations and test results, reports or information prepared by other persons that may be in your possession, and all financial records. This document authorizes the loan of any of the aforementioned reports and information to the Department of Business and Professional Regulation (or any official of the department) for reproduction, investigation or other use.</p> <p style="text-align: center;">A photocopy of this document is as sufficient as the original.</p>		
<p>_____ Patient Name</p>	<p>_____ Animal Type (i.e.) dog, cat, etc.</p>	<p>_____ Date</p>
<p>_____ Authorized Person</p>	<p>_____ Relationship</p>	
NOTARIZATION		
<p>STATE OF FLORIDA COUNTY OF _____</p> <p>Before me, personally appeared _____ whose identity is known to me by (type of identification) and who acknowledges that his/her signature appears above.</p> <p>Sworn to or affirmed by Respondent before me this _____ day of _____, 20____ .</p>		
<p>_____ Notary Public-State of Florida</p>	<p>_____ My Commission Expires</p>	
<p>_____ Type or Print Name</p>		
<p>_____ Witness Signature (if not notarized)</p>		

Please send your completed application, documentation and required fee(s) to:

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www.myflorida.com/dbpr