



PO Box 566
Toledo, Ohio 45697
(419) 350-4195 / voiceforhorses@att.net

EQUINE RECORD RELEASE

DATE: _____

HORSE: _____

NAME & ADDRESS OF VETERINARY PRACTICE USED: _____

PHONE OF VETERINARY PRACTICE: _____

NAME OF YOUR PRIMARY VETERINARIAN: _____

I have adopted the above named horse from Bright Futures Farm. I hereby give permission to Diana Murphy and representatives of Voice For Horses Rescue Network to full access of the medical history on the horse listed above at any time from my Veterinarian.

I also give permission for Diana Murphy and/or a representative of Voice For Horses Rescue Network (including her veterinarian) to discuss a diagnosis, prognosis, and/or treatment of the above listed horse with you or any other veterinarian in your practice.

Finally, if I should return said horse to Voice For Horses Rescue Network for any reason, I give permission for all accumulated veterinary records for said horse to be released to Voice For Horses Rescue Network, Attention: Diana Murphy PO Box 566 Toledo, Ohio 43697. If there is a cost to provide these records, to Voice For Horses Rescue Network, I, _____, will incur that cost.

Please provide a signed copy of this document to your veterinarian for their files.

_____ Date: _____

Adopter