

Hooves & Paws Rescue, Inc.
“A Place To Heal”
27821 US Hwy 34
Glenwood, Iowa 51534
712-527-3721
www.hoovespaws.org

Veterinarian Release Form

Date - _____

Dear Doctor,

Please send all medical records to Hooves & Paws Rescue, Inc. for the animal listed below. If you have any questions please feel free to contact us at 712-527-3721.

Owner's Signature - _____

Horse's Name/ Dog's Name (Circle One) _____

Registered Name - _____

Sex – Male Female (Circle One) Altered – Yes No (Circle One)

Age - _____ Breed & Color - _____

Owner's Name - _____

Address - _____

City, State, Zip - _____

Daytime Phone - _____ Evening Phone - _____

Attending Veterinarian Name - _____

Office Name - _____

Address - _____

City, State, Zip - _____

Office Phone - _____ Fax Number - _____

Below Information Should Be Supplied By Veterinarian Only -

Date - _____

Testing/Shots Done - _____

Results - _____

Condition Of Animal - _____

Medications - _____

Special Instructions -

(Attach Additional Sheets As Needed)