



**EQUINE SPORTS MEDICINE
OF MARYLAND**

**720 N. HOUCKSVILLE ROAD, HAMPSTEAD, MD 21074
(866)930-9470 (410)239-2323 FAX (410)374-2901**

**COOPER WILLIAMS, VMD, DACVSMR
MAGDA STEWART, DVM**

RELEASE OF MEDICAL RECORDS

CLIENT NAME _____

HORSE NAME _____

I HEREBY RELEASE THE MEDICAL HISTORY OF THE ABOVE MENTIONED ANIMAL TO THE FOLLOWING INDIVIDUALS, AND ACKNOWLEDGE THAT I MAY BE BILLED FOR LABOR AND POSTAGE EXPENSES RESULTING FROM THIS REQUEST.

NAMES(S) _____

DATE _____

SIGNATURE _____