

FORM 3 of 3 RELEASE FORM



Send form to:
PHR
PO Box 2478
Friday Harbor, WA
98250
FAX #:
360-378-6954

- Instructions:**
1. Fill out this form online and **then** print it.
 2. Obtain signatures of owner(s) and veterinarian.
 3. Send it by regular **mail** or **fax**: see above.

Poodle Variety:
 Standard Miniature Toy

Registered Name of Dog: _____

Call Name of Dog: _____

Date of Birth of Dog: _____

I (We), owner(s) of the dog described, authorize release of the following information for the purpose of promotion of Poodle health.

Name: _____ Signature: x _____

Address: _____

City: _____ State _____ Zip _____

Name: _____ Signature: x _____

Address: _____

City: _____ State _____ Zip _____

Name: _____ Signature: x _____

Address: _____

City: _____ State _____ Zip _____

----- Veterinarian to fill out below -----

Disease with Type: _____ (Date diagnosed) _____

How diagnosed? _____

Veterinarian's Name: _____

Signature: x _____

License No.: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Poodle Health Registry
www.poodlehealthregistry.org