



CANDLEWOOD EQUINE

MEDICAL RECORDS RELEASE FORM

Owner _____ Address _____

City _____ State _____ Zip _____

Animal's Name _____

Breed _____ Sex _____

I do hereby certify that I am the owner of the animal described above; that

I do hereby give Candlewood Equine, LLC, all agents and representatives
full and complete authority to release the following:

Medical Records

X-Rays

Bloodwork

These will be sent to: _____

Date: _____

Owner Signature: _____

2 Beaver Pond Lane, Bridgewater, CT 06752

Phone/Fax 860-355-7770



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