

LADDL CLIENT INFORMATION RELEASE FORM

A request for your client's lab report has been submitted to LADDL. If you agree to release the following information to the requestor as listed below, please sign authorizing the release and fax the signed release form to (225) 578-9784.

Authorized Signature of Client /Owner

FOR LADDL OFFICE USE ONLY
<p style="text-align: center;"><u>INFORMATION TO BE RELEASED</u></p> <p><u>Client/Owner's Name:</u></p> <p><u>DL #:</u></p> <p><u>Animal ID:</u></p> <p><u>Clinic/Owner's Phone #:</u></p> <p><u>Clinic/Owner's Fax #:</u></p> <p style="text-align: center;"><u>RECIPIENT of INFORMATION</u></p> <p><u>Recipient's Name:</u></p> <p><u>Recipient's Phone #:</u></p> <p><u>Recipient's Fax #:</u></p>