



Vet Authorization Form- Release of Veterinary Records and Contact

Your patient has submitted an application for financial assistance from Fur The Brand, a registered 501(c)3 nonprofit association that provides support and financial assistance to families whose pet faces a cancer diagnosis requiring veterinary care in which they are unable to afford.

This form gives Fur The Brand permission to contact a member of your team to verify the patient's suggested treatment plan and costs. You will only be contacted if the individual meets our requirements for support. Please understand that we will reach out by phone and update account notes to reflect permission to review treatment plans with us.

Fur The Brand will treat information as confidential and information will not be shared with any person other than the client or other veterinarians involved in the care or treatment of the patient, without written authorization.

1. Patient/Pet's Name and Age: _____

2. Veterinarian Name and Contact: _____

3. Veterinarian Clinic Name and Address: _____

4. Medical license number: _____

Owner's Name and Signature

Veterinarian's Name and Signature
