BRENDAN W. FURLONG MVB,
EQUINE VETERINARIAN P.A

Account number _____ (for office use only)

Information Release Letter

I, _____, _____
Print Name Signature

Hereby give **Brendan W. Furlong, MVB, Equine Veterinarian PA,**

(DBA: B. W. Furlong and Associates) permission to release the records (or any

Information contained within the records) on my horse,

_____, to the following party(s)
Horse's Name

_____
Individuals or Business/Barn Name

On this Month _____, Day_____, Year _____.

Address of Recipient_____
_____

Phone# of recipient _____ Fax of recipient _____

Email of Recipient _____ (for emailing reports and X-Rays)

P.O. BOX 16, OLDWICK, NJ 08858
PHONE 908-439-2821, FAX 908-439-2691