



North Carolina Veterinary Medical Board

1611 Jones Franklin Road, Suite 106

Raleigh, NC 27606

Phone: (919) 854-5601

Fax: (919) 854-5606

Date _____

AUTHORIZATION FOR RELEASE OF RECORDS AND INFORMATION

I, _____ (*PRINT NAME*), hereby authorize the release of records and information pertaining to _____ (*PRINT NAME OF ANIMAL(S)*), for the purpose of investigating and proceeding on the complaint I have submitted to the North Carolina Veterinary Medical Board.

SIGNATURE OF COMPLAINANT

These records will be used strictly for the purpose of investigating a complaint made by the owner to the North Carolina Veterinary Medical Board and will not be shared without the owner's permission.