

**FORM 3 of 3 RELEASE FORM**



Send form to:  
**PHR**  
c/o B&E  
4817 California Ave SW  
Seattle, WA 98116  
FAX #: 206.937.1229

**Instructions:**

1. Fill out this form online and **then** print it.
2. Obtain signatures of owner(s) and veterinarian.
3. Send it by regular **mail** or **fax**: see above.

Poodle Variety:  
 Standard                       Miniature                       Toy

Registered Name of Dog: \_\_\_\_\_

Call Name of Dog: \_\_\_\_\_

Date of Birth of Dog: \_\_\_\_\_

**I (We), owner(s) of the dog described, authorize release of the following information for the purpose of promotion of Poodle health.**

Name: \_\_\_\_\_ Signature: **x** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Signature: **x** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Signature: **x** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

----- **Veterinarian to fill out below** -----

Disease with Type: \_\_\_\_\_ (Date diagnosed) \_\_\_\_\_

\_\_\_\_\_

How diagnosed? \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Signature: **x** \_\_\_\_\_

License No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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