



IRISH WOLFHOUND CLUB OF CANADA  
CLUB CANADIEN DU LÉVRIER IRLANDAIS

**Consent for Release of Veterinary Records**

I, \_\_\_\_\_ (the "Authorized Representative(s)"), acknowledge that I/we have the authority to consent to release of information relating to \_\_\_\_\_, described below.

Upon a request by a representative from the Irish Wolfhound Club of Canada Rescue Committee (the "IWCCRC"), either written or verbal, the Authorized Representative(s) provide consent to the Primary Veterinary Clinic to release any and all veterinary records to the IWCCRC as it relates to the Irish Wolfhound described below. Additionally, the Authorized Representative(s) provide consent to the Primary Veterinary Clinic to answer any questions from the IWCCRC.

**Description of Irish Wolfhound**

|                          |  |
|--------------------------|--|
| Dog Name                 |  |
| Date of Birth and/or Age |  |
| Gender                   |  |
| Colour                   |  |
| Microchip # or Tattoo    |  |

**Primary Veterinary Clinic**

|                        |  |
|------------------------|--|
| Veterinary Clinic Name |  |
| Veterinarian Name      |  |
| Telephone Number       |  |
| Email                  |  |

Written veterinary records may be emailed to \_\_\_\_\_.

Per: \_\_\_\_\_

Per: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Witness from the Representative of the Irish Wolfhound Club of Canada Rescue Committee:

Name: \_\_\_\_\_

Date: \_\_\_\_\_