



**JACKSONVILLE EQUINE ASSOCIATES / SOUTHERN GEORGIA EQUINE**  
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**MEDICAL RECORDS RELEASE**

Dear Seller,

Please provide contact information for ALL Veterinarians who have Examined the Horse named on this Document. This release is so that we may obtain ALL Medical Records including Digital Images, Lab and any other Maintenance or Diagnostic results pertaining to this Horse.

My Signature on this document, authorizes the release of ALL Medical Records for this Horse to Jacksonville Equine Associates / Southern Georgia Equine.

\_\_\_\_ I do not Wish to have any of this Horse’s Medical Records released to the potential buyer.

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

Owners Name Printed: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_