RELEASE OF INFORMATION

HUMANE SOCIETY OF LOGAN COUNTY

Date: _____

Veterinarian: _____

_____

_____

You are hereby authorized to release to the:

Humane Society of Logan County
P. O. Box 404
Lincoln, IL 62656

any and all information regarding my character, reference, treatment of animals and other relevant information about my ownership of an animal or animals.

This release shall have no expiration date and may only be revoked by me in writing. I further agree to hold the releaser of this release harmless from any information released pursuant to this release of information request.

_____
Print name

_____
Signature

_____
Street Address

_____
City, State Zip Code