



HARBOR
ANIMAL HOSPITAL

Request for Release of Medical Records

From:

To: Harbor Animal Hospital

I request that copies or summaries, as required by state law, of the medical records pertaining to my animal(s) named:

be released to the following veterinary practice or other party by fax or surface mail or by email:

Full Name:

Phone Number:

Fax Number of Recipient:

Email Address of Recipient:

I hereby authorize and provide my written consent to this transfer of medical information.

Date

Signature of Client

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Signature of Veterinarian Who Approves This Request

Date