



Veterinary Medical Records Release Form

Client Name: _____ Date: _____

I, the undersigned do hereby grant my permission for the release of any or all of the information contained in the medical records of those pets listed below to the following person or Veterinary practice:

Pet Name(s) For Release Of Medical Records

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Release Records To: _____

Fax # _____ e-mail _____

Are we inactivating your pets medical records? YES NO

Reason For Request Of Records:

Please sign and fax back to us at 201-567-7897 or email us njvet08@gmail.com

Thank You.

FORM MUST BE COMPLETELY FILLED OUT TO PROCESS YOUR REQUEST

Client Signature

Print Name