



The Animal Hospital

Home Town Values State of the Art Medicine

Medical Records Release Form

Date: _____

I, _____ authorize _____ to release all medical records including radiographs, ultrasounds, etc for:

Pet(s):

1) _____

2) _____

3) _____

4) _____

To:

The Animal Hospital

PO Box 25

Guilderland, NY 12084

Signed _____

2 Rocking Horse Lane Slingerlands NY 12159

Mail: PO Box 25 Guilderland NY 12084

Voice: (518) 456-0852

Fax: (518) 456-4975

www.TheAnimalHospital.com