



# The Animal Hospital

Home Town Values State of the Art Medicine

## Medical Records Release Form

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

I, \_\_\_\_\_ authorize The Animal Hospital to release all medical records including radiographs, ultrasounds, etc for:

Pet(s):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

To:

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Fax: \_\_\_\_\_

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](http://www.TheAnimalHospital.com)**