

Request for Release of Medical Records

To: Clay-Chalkville Animal Clinic

I request that *complete copies* of the medical records of my pet(s) named:

be released to (if for yourself, indicate your own name and address):

Name

Street Address

City

State

Zip

Signature of Owner

Date

Note: Veterinarian approval may take up to five business days AFTER request is received by the veterinarian.

Veterinarian's Approval

Date