

# MAYFAIR ANIMAL HOSPITAL



## Veterinary Medical Records Release Form

Client Name: \_\_\_\_\_

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: \_\_\_\_\_

Date: \_\_\_\_\_ Fax # \_\_\_\_\_

Reason for Request of Records:

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\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Witness

\_\_\_\_\_  
Date