

# Perinton Veterinary Hospital

11 LaSalle Parkway  
Victor, NY 14564  
(585) 248-5566, (585)248-2376 fax  
www.perintonvet.com

## Veterinary Medical Record Release Form

### Reason for records release:

Second opinion (please specify DVM): \_\_\_\_\_

Vaccination certificate for boarding, grooming, agility or obedience at: \_\_\_\_\_

Change of veterinarian (please specify): \_\_\_\_\_

Reason for changing provider: \_\_\_\_\_

I \_\_\_\_\_ the undersigned do hereby grant my permission for the release of information contained in the medical records for those pets listed below to the person or Veterinary practice noted. Pet name(s) for release of medical records:

_____	_____
_____	_____
_____	_____
_____	_____

I understand that the original records will remain on file here.  
This form remains in effect until notified in writing.

### Check all that apply:

Please fax a summarized printout of my pet's records to: \_\_\_\_\_

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

Please mail a summarized printout of my pet's records to: \_\_\_\_\_

I am picking up a summarized printout of my pet's records today.

Please inactivate my chart. I know that the records will be retained for five years, but I will no longer receive reminders.

I will be needing photocopies of the medical notes at 75 cents per page. Please allow seven days to process photocopies.

Owner/agent signature: \_\_\_\_\_ Date: \_\_\_\_\_

PVH staff signature: \_\_\_\_\_ Date: \_\_\_\_\_