

Perinton Veterinary Hospital
11 LaSalle Parkway
Victor, NY 14564
Telephone: (585) 248-5566
Fax: (585) 248-2376
www.perintonvet.com

Client Name _____ Acct# _____

Veterinary Medical Records Release Form

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. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Release Records to: _____

Date: _____ Fax# _____

REASON FOR REQUEST OF RECORDS:

****This release will remain in effect until you notify us in writing of any desired changes.****

CLIENT SIGNATURE

DATE

PERINTON STAFF WITNESS

DATE