

Veterinary Medical Record Release Form



TO:

Fax:

Owner(s) Name		
Address	City	Zip
Phone Number		

Name of Pet 1	Species	Breed
Name of Pet 2	Species	Breed
Name of Pet 3	Species	Breed
Name of Pet 4	Species	Breed

- Please fax a summarized healthcare printout of the above described pet(s)
- Please fax or mail a copy of the entire medical record of the above described pet(s)
- This is an **EMERGENCY** please fax a copy of the recent medical record of my pet
- My pet is currently being treated for a previously described condition. Please fax the following record

URGENTLY: _____

I, the undersigned, certify that I am the legal owner or duly authorized agent of the owner of the animal(s) described above. By signing below I direct _____, to release my pet(s) medical records to Hilton Animal Hospital. I hereby release all parties from any and all responsibility and liability associated with the transfer of the information contained in the medical record requested.

Please release and transfer the described veterinary medical records to:

Hilton Animal Hospital; 8904 Warwick Blvd Newport News, VA 23601; phone: 757-223-9414 fax: 757-223-7462

Signature

Date

Print Name