

Request for Transfer of Medical Records

By law, original medical records must be retained for five years after the last entry. However, a copy or summary of the information contained in these records can be forwarded. The Confidentiality of your pet's health is very important. Accordingly, we ask you to sign where indicated to authorize the release of your pet's medical information.

Client Name: _____

Address: _____

Phone: _____

Pets Name: _____ Canine Feline Other
_____ Canine Feline Other
_____ Canine Feline Other

I authorize the release of a copy of the medical records for the above animal(s)

From: _____

Phone: _____

Fax: _____

Email transfer of records via PDF file is preferred, if available

Please forward medical records to:

The Animal Hospitable Veterinary Clinic
7780 Transit Road
Williamsville, NY 14221
Phone: 634-2240 Fax: 634-2135
E-mail: animal-hospitable@verizon.net

Client Signature: _____

Date: _____

[] Please check here if this is a permanent transfer and you no longer wish to receive mailings from your previous veterinary hospital.