



*Atlantic*  
VETERINARY HOSPITAL

***Medical Records Release***

Date \_\_\_\_\_

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

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Pet(s) name(s) \_\_\_\_\_

\_\_\_\_\_

I authorize the release of all medical records of the pets listed above to be faxed to Atlantic Veterinary Hospital. Please include all laboratory results, doctors' progress notes, and vaccinations schedules.

Signature \_\_\_\_\_  
Pet owner or authorized agent

Print Name \_\_\_\_\_

Previous Veterinarians \_\_\_\_\_