



The Animal Hospital

Home Town Values State of the Art Medicine

Medical Records Release Form

Date: _____

I, _____ authorize The Animal Hospital to release all medical records including radiographs, ultrasounds, etc for:

Pet(s):

1) _____

2) _____

3) _____

4) _____

To:

Clinic Name: _____

Address: _____

Phone: _____

Fax: _____

Signed _____

2 Rocking Horse Lane Slingerlands NY 12159

Mail: PO Box 25 Guilderland NY 12084

Voice: (518) 456-0852

Fax: (518) 456-4975

www.TheAnimalHospital.com