PATIENT RELEASE OF MEDICAL RECORDS FORM

Date: ____/____/____

Owner Name: _____

Owner Address: _____
_____
_____

Pet's Name: _____ Breed: _____ Sex: M / F Age: _____

I, _____, the owner or authorized agent for the above mentioned pet, request and give my permission to release the medical records for my pet from the following veterinary hospital:

_____
_____
_____

Please forward a copy of my pet's records to:

Staring Plaza Veterinary Center
162 Staring Lane
Baton Rouge, LA 70810
(225) 766-8333
(225) 766-8334 FAX
dogandcatdocs.com

Printed Owner Name: _____

Signature of Owner or Owner's Agent: _____