

# **Request For Release of Medical Records**

Because we are dealing with the health of your pet, its is important for us to be aware of pertinent medical history. This medical history needs to be provided from your previous veterinarian, however, your consent is required for it to be released to us. While you do have basic information on previous invoices you may have kept, they do NOT contain sufficient information upon which to make medical decisions for your pet. By filling out this form it does NOT mean you cannot go back to your previous veterinarian if you desire to do so. Please fill out the information requested and we will send it to the required veterinary facility for you.

**Date:** \_\_\_\_\_

**Requesting medical records from:**

\_\_\_\_\_

**Veterinary Clinic's contact information:**

\_\_\_\_\_

**Client's Name:** \_\_\_\_\_

**Client's Address and phone number:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Patient(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I hereby authorize you to release my pets full and complete medical history to Georgian Bay Mobile Veterinary Services at the following fax number. (705) 361-1353**

**Thank you,**

**Owner's signature** \_\_\_\_\_