

MEDICAL RECORD TRANSFER
PIPER CREEK VETERINARY CLINIC

Date:

I the undersigned, am the owner/duly authorized agent for the owner of the animal described here on.

I authorize the release of the information contained in the medical records for this animal from:

_____ (Veterinary Clinic)

To:

_____ (Veterinary Clinic)

Patient Name: _____

Owner/Duly Authorized Agent (print) _____

Signature of Owner/Duly Authorized Agent.

Please fax record to (403) 346-8286

Thank You