



Quail Corners Animal Hospital
 24 Hour Emergency Care
 1613 East Millbrook Road ~ Raleigh, NC 27609
 919-876-0739 Phone ~ 919-882-8018 Fax

MEDICAL RECORD RELEASE

I, _____, the owner or agent of _____
 (print name) (pet's name)

request a copy or release of medical records. I understand that if this medical record is permanently transferring to another veterinary hospital or service, that the record will be marked as inactive at Quail Corners Animal Hospital.

If the purpose of the request is for a medical referral, consultation or other services such as boarding, grooming or travel, the medical record will remain active at Quail Corners Animal Hospital.

I understand that Quail Corners Animal Hospital may require up to 30 days to copy and distribute the complete medical record.

Please indicate any or all of the following:

- Specify Dates of Treatment & Record Types:
 - All _____
(dates)
 - Medical Notes _____ Imaging _____ Laboratory Diagnostics _____
(dates) (dates) (dates)
 - Surgical Reports _____
(dates)
- Owner will pick up copy
- Call/Email owner when ready: _____
(preferred number or email)
- Mail records to be provided to the following:
 - Business/IndividualName: _____
 - Address: _____
 - Email or Fax: _____
- Referral Service: _____
- Permanent Transfer
- Temporary Transfer

Signature: _____ Date: _____

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Copied: _____ Date: _____ Email/Fax: _____

Inactivated: _____ Copy to EMR: _____ Updated: 3/29/18