

# Pond Point Animal Hospital

## ~ Request for Release of Medical Records ~

From: \_\_\_\_\_  
(party requesting a copy of medical records)

To: Pond Point Animal Hospital

I request that copies or summaries, as required by state law, of the medical records pertaining to my animal(s) named \_\_\_\_\_ be released to the following:

\_\_\_\_\_ veterinary practice                      \_\_\_\_\_ kennel  
\_\_\_\_\_ other party                                      \_\_\_\_\_ self

by phone, fax, surface mail, email or in-person pickup:

\_\_\_\_\_  
Name of veterinary practice, kennel, other party or self                      Phone

\_\_\_\_\_  
Street Address                                      City                      State                      Zip

Fax Number of Recipient: \_\_\_\_\_

Email address of Recipient: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Authorized Agent                      Date

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\_\_\_\_\_  
Signature of Veterinarian Who Approves This Request                      Date