Caring Heart For Pets

Southfork Animal Hospital

Date: _____

I, the undersigned, am the owner/duly authorized agent for the animal(s) described below.

I authorize the release of the information contained in the medical records for this/these animal(s) from:

_____

Current Clinic

FOR:

_____

Patient Name(s)

TO:

Southfork Animal Hospital

101- 102 Southfork Drive

Leduc, AB T9E 0E9

P: 587-274-0026 | F: 587-274-0027 | E: clinic.southforkvets@gmail.com

Please email records to the above address at your earliest convenience. Thank you.

Owner/ Duly authorized agent (Please Print): _____

Signature of owner/ Duly authorized agent:

MEDICAL RECORD TRANSFER REQUEST