

## Record Release Form

The Animal Hospital of Havre de Grace  
2120 Pulaski Highway  
Havre de Grace, Maryland 21078  
Phone: 410-272-8656  
Fax: 410-272-8661  
Dr. Bradley Price

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

|             |       |           |       |
|-------------|-------|-----------|-------|
| Owner:      | _____ | Pet Name: | _____ |
| Address:    | _____ | Species:  | _____ |
| City:       | _____ | Breed:    | _____ |
| State:      | _____ | Color:    | _____ |
| Zip:        | _____ | Sex:      | _____ |
| Home Phone: | _____ | Age:      | _____ |
| Work Phone: | _____ |           |       |

Please release the medical records for the above mentioned pet to the following Veterinarian or Veterinary Clinic: \_\_\_\_\_ FAX # \_\_\_\_\_.

Please release the information for the following period of time: \_\_\_\_\_

Please check the information you would like released:

Specific treatment information \_\_\_\_\_

Vaccine information.

Complete medical record

Labs

X-Rays

Other \_\_\_\_\_

Please state why this information is being released.

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I certify that I am the owner of the above named animal.

\_\_\_\_\_  
Signature of Owner