



Request for Release of Medical Records

To: Practice Name _____
City _____
State _____
Phone _____
Fax _____

I hereby request that copies of the medical records including vaccine history for my pet(s) be released and faxed to PetDocks Veterinary Hospital at (252) 240-3540. Thank you.

Pet #1 _____
Pet #2 _____
Pet #3 _____
Pet #4 _____
Pet #5 _____

Owner's Signature _____ Date _____