

Good Shepherd Veterinary Hospital

101 Fox Trot Dr. Mars, PA 16046
Tel: (724) 776.PETS Fax: (724) 776.7388
www.gsveterinaryhospital.com

Client/Patient Record Release Form

Name of owner/authorized agent:

Name of Pet:

Species:

_____ Breed: _____

I, the undersigned, as the owner/responsible authorized agent of the animal described above, have requested a copy of the pet record to be forwarded to the veterinary hospital named below.

Veterinary Hospital which will be reviewing the record:

Name:

Address:

Telephone

#: _____ Fax: _____

Signature of Owner/Authorized Agent

Date

GSVH Staff

Date