

# REQUEST FOR RELEASE OF VETERINARY MEDICAL RECORDS

Pursuant to Wis. Statutes 453.075, I authorize \_\_\_\_\_  
(veterinarian's name)

to be sent all the veterinary medical records pertaining to my pets:

(List pets)

_____	_____
_____	_____
_____	_____
_____	_____

**These medical records should be faxed/mailed directly to:**

Veterinarian's Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Attention: Medical records

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Clinic phone: (\_\_\_\_\_) \_\_\_\_\_ Clinic fax: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
*Client's name printed*

\_\_\_\_\_  
*Client's signature*

**Request sent to:**

\_\_\_\_\_  
(Clinic name and city)

\_\_\_\_\_  
Date of request (mm/dd/yy)