



## Request for Release of Medical Records

I hereby authorize: \_\_\_\_\_

(Name of Hospital/Business)

To release copies of all medical records compiled during office visits/or hospital admissions.

Client (Owner): <first-name> <last-name>

Pet: <animal>, <sex>, <color>, <breed>, <age>

Release medical records to: Canyon Creek Pet Hospital  
5617 Silver Creek Valley Road  
San Jose, CA 95138  
Phone: (408) 270-7500  
Fax: (408) 540-0284

By signing below, I am authorizing the previous veterinary hospital/business (stated above) to release all records for my pet(s) to Canyon Creek Pet Hospital.

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(Signature of Owner)

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Date