

Canton Animal Clinic

2750 State Highway 68

Canton, NY 13617

(P) 315.386.2754 (F) 315.386.2138

**Request for Release of Medical Records**

From:

To:

I request that copies or summaries, as required by state law, of the medical records pertaining to my animal(s) named be released to Canton Animal Clinic, either by fax at 315-386-2138 or emailed to cantonanimalclinic@verizon.net.

I hereby authorize and provide my written consent to this transfer of medical information.

Signature of Owner or Authorized Agent Date