

NIPOMO DOG & CAT HOSPITAL



MAGGIE WAGNER, DVM
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AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

PLEASE COMPLETE AND FAX, MAIL, OR DELIVER TO YOUR EXISTING VETERINARY CLINIC

CLIENT NAME _____

PET NAME(S) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBERS _____

PLEASE RELEASE A COPY OF ALL MY MEDICAL RECORDS.

PLEASE RELEASE THE RECORDS:

TO ME IN PERSON

BY FACSIMILE TO: NIPOMO DOG & CAT HOSPITAL AT 929.2858

BY MAIL TO: NIPOMO DOG & CAT HOSPITAL,
525 SANDYDALE DRIVE
NIPOMO, CA 93444

BY MY SIGNATURE I AUTHORIZE RELEASE OF MEDICAL RECORDS FROM:

(PREVIOUS VET OR CLINIC NAME: _____)

CLIENT SIGNATURE _____ DATE _____

* NOTE TO CLIENT – PLEASE SEND COMPLETED FORM TO YOUR EXISTING VET
(NOT NIPOMO DOG & CAT HOSPITAL)

525 SANDYDALE DRIVE NIPOMO CALIFORNIA 93444
805 929 2855 FAX 805 929 2858