



Georgetown Animal Clinic P.C.

5155 Sheridan Drive, Williamsville, New York 14221

(716) 633-7123

www.georgetownanimalclinic.com



REQUEST FOR TRANSFER OF MEDICAL RECORDS

By law, original medical records must be retained for five years after the last entry. However, a copy or summary of the information contained in these records can be forwarded. The confidentiality of your pet's health information is very important. Accordingly, we ask that you sign where indicated to authorize the release of your pet's medical information.

PET'S NAME: _____ DATE OF BIRTH: _____ SPECIES: _____

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PET'S NAME: _____ DATE OF BIRTH: _____ SPECIES: _____

I authorize the release of a copy of the medical records for the above animal(s)

From: HOSPITAL NAME: _____

ADDRESS: _____

PHONE: _____

To: Georgetown Animal Clinic, PC

5155 Sheridan Drive

Williamsville, NY 14221

Phone: 716-633-7123

FAX: 716-633-8959

Pet Owner Name: _____

Pet Owner Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: () _____

Pet Owner's Signature: _____ Date: _____

Check here if this is a permanent transfer and you no longer wish to receive mailings from your previous hospital.