



Hawkins Animal Hospital & Wellness Center
 354 Hawkins Avenue
 Lake Ronkonkoma, NY 11779
 Phone: 631.981.8111 Fax: 631.981.2821

Client Name: _____ Account #: _____

Veterinary Medical Record(s) Release Form

I, the undersigned do hereby grant my permission for the release of any or all of the information contained in the medical records of those pets listed below to the following person or Veterinary practice.

PET NAME(S) FOR RELEASE OF MEDICAL RECORDS

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Release Records to: _____

Date: _____ Fax #: _____ or Email: _____

Reason For Request Of Records:

*****This release will remain in effect until you notify us in writing of any desired changes.*****

Client Signature: _____ Date: _____