

RECORDS REQUEST FORM

Date _____

I, _____ request all of my pets
(PRINT OWNER'S NAME)

medical records be faxed/sent / emailed to the following address:

BRANCHVILLE COUNTRY VETERINARY CLINIC

12 Maple Ave.

Branchville, N.J. 07826

Phone: 973-948-PETS (7387)

Fax: 973-948-7386 email: BranchvilleVet@Yahoo.com

I am requesting records for the following pets:

Thank you.

Owner Signature

Date

.....

VETERINARIAN / HOSPITAL _____

FAX # _____ PHONE # _____

FAXED BY (Initials) _____ PHONE CALL BY (Initials) _____ DATE / TIME _____

NOTES: _____