

Pawsmere Pet Retreat LLC

Authorization to Release Veterinary Records

Please Fax A Copy of the Pet's Records Requested Below:

To: Pawsmere Pet Retreat LLC

Attn: Michelle Holcomb Email: pawsmerepetretreat@gmail.com Fax: 1-800-866-1729

Pet Owner(s) Information:

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Pet(s) Information:

Name: _____

Breed: _____

Please include copies of:

- Vaccination Records
- Laboratory Reports
- Radiology/X-Ray Reports
- Entire Medical Record (Date Range: _____)

I hereby certify that I am the owner(s) of the Pet named in the above-described pet. Further, I hereby request and authorize this veterinarian to release the requested medical information for my pet to Pawsmere Pet Retreat.

Pet Owner's Signature: _____

Date: _____