



AGOURA ANIMAL CLINIC

28282 Dorothy Drive • Agoura Hills, California 91301

REQUEST FOR RELEASE OF MEDICAL RECORDS

To: Agoura Animal Clinic
28282 Dorothy Drive
Agoura Hills, CA 91301
(818) 991-1036 (phone)
(818) 707-0215 (fax)
agouraanimalclinic@gmail.com

I hereby request that copies or summaries of the medical records of my animal(s) named:

_____ be released to:

(New Veterinary Practice Name or Name of Designated Individual)

At: _____ (Address)

Please indicate your preference from the 3 (three) choices below:

- ☐ I will come to Agoura Animal Clinic to PICK UP the above information after you have notified me that copies or summaries have been completed.
- ☐ I prefer that you MAIL all copies or summaries of the medical records to the address that I have designated above.
- ☐ I prefer that you FAX the copies or summaries of the medical records to the following fax number: () _____

Owner's Signature: _____

Date: _____

Receptionist's Initials: _____

Date: _____