



Records Release Authorization

Name and contact information of previous Veterinarian:

I, certify that I am the owner of the pet(s) listed below:

I certify that I am the legal owner of the above listed animals and I authorize release of all medical records, doctor's notes, vaccine certificates, laboratory test results, radiology reports, and any other information pertaining to my pets to:

Animal Medical
Center of the Upper Valley
P: (603) 448-3534
info@uvvet.com

Owner Signature

Date

print