



PETCHESTER
VETERINARY

309 White Plains Rd. | Eastchester, NY 10709 | Phone 914-771-7387 | Fax 914-771-7385

Medical Records Release

In accordance with New York State Law regarding the confidentiality of patient medical records and treatment, a written authorization or other form of waiver executed by the client is required in order for us to provide a copy of your pet's medical records.

I certify that I am the owner of the patient(s) named below or that I am acting as a legal agent for the owner:

Client Name _____

Patient Name(s) _____

By signing below, I hereby authorize Petchester Veterinary to release my pet's medical records to:

Name _____

Address _____

City _____ **State** _____ **Zip code** _____

Telephone _____

Owner/Agent Signature

Date

Owner/Agent Name (Please Print)

Owner/Agent Address

Owner/Agent Phone Number(s)