



Request for Medical Records

To: _____

Date: _____

From: **Arroyo Grande Veterinary Hospital**
1199 E. Grand Avenue
Arroyo Grande, CA 93420
(805) 481-9434

Client's name

has requested that you release copies of the medical records for the following pet(s) to our office.

Pet's name: _____

Entire medical history

Vaccinations

X-rays _____

Labwork

Pet's name: _____

Entire medical history

Vaccinations

X-rays _____

Labwork

Pet's name: _____

Entire medical history

Vaccinations

X-rays _____

Labwork

As the owner/authorized agent of this pet, I authorize the release of all medical records to the Arroyo Grande Veterinary Hospital.

Signature of owner or authorized representative

Signature of AGVH staff

Please fax to (805) 481-3412 or mail to the address below as soon as possible.

We appreciate your help with this request.

1199 E. Grand Avenue, Arroyo Grande, CA 93420
Office: 805-481-9434 • Fax: 805-481-3412