

## Dr. Lindsay R. Syler Dr. Daniel Salas

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## **Veterinary Medical Records Release Form**

Client Name:		Date:
		ne release of any or all the information ow to the following person or Veterinary
<b>Patient Information</b>		
Name:	Name:	Name:
Species:	Species:	Species:
Breed:	Breed:	Breed:
Sex:	Sex:	Sex:
Age:	Age:	Age:
Client Information		
Address:		
Telephone:		
Reason for Records Release:		<del>-</del>
Receiving Veterinary Practice: _		
Address:		
Phone:		x:
Client Signature:		Date: