

Oakwood Hills Animal Hospital
4616 Commerce Valley Road
Eau Claire, WI 54701
Phone: (715) 835-0112
Fax: (715) 835-8918
info@oakwoodhillsanimalhospital.com

Request for Release of Medical Records

I, _____, hereby authorize and provide written consent for
Printed Owner's Name

Oakwood Hills Animal Hospital to release copies or summaries of the medical records pertaining to my animals named _____, and transfer them via fax, by surface mail, or via email to _____.
Outside Veterinarian or other Third Party

Receiving Hospital Information (if known):

Street Address Phone # Fax# e-mail

Signature of Owner or Authorized Agent **Date**

Signature of Veterinarian Who Approves this Request (if required) **Date**

For Office Use Only

Client Name: _____
Patient Name: _____
Client ID #: _____
Release of Records: Date: _____ Initials: _____