



Sunset Animal Hospital

REQUEST FOR RELEASE OF MEDICAL RECORDS

To: Sunset Animal Hospital
1239 Western Street
Fairfield, CA 94533

Date: _____

I hereby request that copies or summaries of the medical records of my animal(s)
named: _____

Be released to:

Company Name: _____

Address: _____

Fax: _____

Attention to: _____

Owner Name (please print): _____

Owner signature: _____

Date: _____

Staff signature: _____

Date: _____