



VESTAL VETERINARY HOSPITAL

2316 Vestal Parkway, East • Vestal, NY 13850 • Phone (607) 754-3933 • Fax (607) 754-1217

Jeffrey D. Shafer, DVM
Laura R. Shafer, DVM
Tracy Durham, DVM

I hereby authorize _____ to release the following medical records to the Vestal Veterinary Hospital for the current and/or ongoing care of my pet.

Patient _____
Name Species Breed Age/DOB Sex

- Preventative health care received
- Information regarding _____
- All medical records

Owner's name: _____

Address: _____

Telephone: _____

Signature

Date

Hospital _____

Phone # _____

Fax # _____

Fax sent: _____

Records received _____