

Request for release of veterinary medical records

Pursuant to Wis. Statutes 453.075, I authorize Bobtown Pet Clinic to be sent all of the veterinary medical records pertaining to my pets:

(List pets)

These medical records should be faxed/mailed directly to:

Bobtown Pet Clinic
511 Cherry Lane
Roberts, WI 54023
(office): 715-749-4006
(fax): 715-749-4066

Request sent to: _____

Client's name printed: _____

Client's address: _____

Client's phone: _____

Client's signature: _____

Date of request _____