

GEHRMAN ANIMAL HOSPITAL
12800 Wayzata Blvd.
Minnetonka, MN 55305
Phone: 952-545-9161
Fax: 952-545-7216

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Date: _____ PERMISSION FOR RELEASE OF MEDICAL RECORDS
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Pet's Name:	
Breed:	Owner:
Color:	Address:
Birthday:	City, Zip
Age:	
Sex:	Phone:
Rabies Tag:	

Email: _____

Please release the following records:

Medical History	Y	/	N
X-Rays and Ultrasound Images	Y	/	N
Lab Results	Y	/	N
Vaccination Records	Y	/	N

Authorization of Release of Records:

I authorize Gehrman Animal Hospital, PA to release the information marked above. I certify that I am the owner or owner's agent and have their permission to act as their agent in this manner. I understand there may be a charge for my pet's x-ray records to be copied.

Owner: _____

Date: _____

Records to be mailed: Y / N Faxed: Y / N

Fax Number: _____