Midtown
Veterinary Hospital

1434 W. Alabama St
Houston, TX, 77006
P- 713.528.4900
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www.MidtownVetHospital.com

Medical Records Release Form

Client Name (pet's legal owner/guardian) _____
Address : _____City/State/Zip _____
Home Phone : _____ Cell Phone: _____
Patient (s) Name:_____

I hereby authorize the release of medical health information from my pet's medical record:

From:

Clinic Name _____
Address: _____
City/State/Zip _____
Phone: _____
Fax: _____
Email: _____

To:

Name: Midtown Veterinary Hospital
Address: 1434 W. Alabama
City/State/Zip: Houston TX 77006
Phone: 713-528-4900
Fax: 888-504-9006
Email: info@midtownvethospital.com

Please release the following medical information from my pet's medical record:

___ Entire Medical History
___ X-Rays
___ Lab Results
___ All records pertaining to the latest health problem
___ Other: _____

____ Please contact me when records are ready to be picked up
____ Please mail the records/xrays to the office noted above
____ Please fax the records to the office noted above
____ Please email the records to the office noted above

Signature of Pet's Legal Owner/Guardian _____
Date: _____