850 S Henrickson Road
PO Box 310
Dewey, AZ 86327
WWW.KachinaAnimalHospital.com
KachinaAH@cableone.net

Office: 928-772-8225
Fax: 928-759-0235

Request for Release of Medical Records

Please print in all the spaces.

Client Name _____

Mailing Address_____City_____State_____ Zip_____

Physical Address_____City_____State_____Zip_____If different from above

Home Phone _____ Cell Phone _____ Emergency Phone _____

Pets Name _____ Canine / Feline / Other _____

Breed _____ Male / Female Spayed / Neutered? _____

Color _____ Birth Date _____

Request for Release of Medical Records

I request that copies or summaries, as required by state law, of the medical records pertaining to my animal(s) named _____ be released to Kachina Animal Hospital via fax, mail or email.

Kachina Animal Hospital

PO Box 310, Dewey AZ 86327

Fax Number: 928-759-0235 Email address: KAHRecords@cableone.net

_____ _____

Signature of Owner or Authorized Agent Date