



**MEDICAL RECORD RELEASE**

Date:

Client Name:

Client Address:

Client Telephone:

Client's Pet(s):

I authorize the release of all medical records (please include all doctors' notes) of the pets listed above to be sent to the Veremedy Pet Hospital.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
owner or authorized agent

Printed Name: \_\_\_\_\_

Please select below which location you prefer your records to be sent.

Previous Veterinarian: \_\_\_\_\_

**Veremedy Pet Hospital**

829 Hartford Ave  
White River Junction, VT 05001  
Fax: 802-295-6900  
Email: [records@veremedy.com](mailto:records@veremedy.com)

442 Woodstock Rd  
Woodstock VT, 05091  
Fax: 802-457-1640  
Email: [records@veremedy.com](mailto:records@veremedy.com)