

**GoldenView Veterinary Hospital  
Medical Records Release Form**

I am requesting copies of my pet/s records from GoldenView Veterinary Hospital.

**Please release a copy of records for the following animals (print names below):**

\_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_

**I understand that I am required to pay a \$10.00 processing fee at the time of my request for the release of my animal/s complete record.**

**Please check all appropriate action and complete the required information.**

(     ) I am transferring my animal/s records to:

\_\_\_\_\_  
(Name and phone number of new animal hospital)

If you are requesting us to email/FAX these records directly to the new animal hospital, please list:

Email Address: \_\_\_\_\_ FAX number: \_\_\_\_\_

(     ) I am moving.

(     ) I am requesting a copy of the vaccination certificate only for boarding, grooming or day care purposes (No fee will be assessed)

(     ) I am filing an insurance claim. (No fee will be assessed)

(     ) I have been referred to a specialist by GoldenView Veterinary Hospital (no fee will be assessed for these records).

(     ) Other: \_\_\_\_\_.

(     ) Please make my animal/s files inactive at GoldenView Veterinary Hospital.  
I understand that I will no longer receive any mailings with this inactivation.

**I acknowledge that I am the owner/agent of the above animal/s.**

Owner or Agent Name (please print) \_\_\_\_\_

Signature of Owner or Agent \_\_\_\_\_

Date: \_\_\_\_\_