



## **Medical Record Release**

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

Number of Pages (including coversheet): \_\_\_\_\_

Fax Number: \_\_\_\_\_ Office Number: \_\_\_\_\_

I, \_\_\_\_\_ (Owner's name), authorize  
\_\_\_\_\_(Hospital/Doctor) to release the medical  
records for \_\_\_\_\_ (Pet's Name) to Just Cats Veterinary  
Services. Please provide the complete medical records and not a copy of  
the computer invoice or vaccine history.

Signature: \_\_\_\_\_