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Fax Medical Release Form

Print and fax this form to your previous veterinary hospital to authorize the release of your pets' medical records.

Date: _____

Fax Number: _____ (previous vet)

Fax to: _____

Attention: _____

From: _____

I hereby authorize the release of my pets medical record to Bethlehem Veterinary Hospital. Please mail/fax a photocopy of the record for all pets listed below.

Thank you,

Owner's Signature

Date

Last Name PRINTED

Pets

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Thank you.