Request for Transfer of Medical Records

I**,**  (Owner Name) request the release of any and all medical records, diagnostic results, radiographs and other associated documents for my pet(s):

(Animal name/s)

to the East Hants Animal Hospital from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Hospital name)

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

Date:

## East Hants Animal Hospital

# 202 Highway 214, Elmsdale, NS, B2S 1J2

Phone: (902) 883-8787

Fax: (902) 883-8789

careteam@easthantsanimalhospital.ca

