Minnetonka Animal Hospital
3318 Groveland School Road Wayzata, MN 55391

Medical Record Release

Client Name: _____ **Date:** _____

Pet Name: _____ **Client Telephone:** _____

I request that copies or summaries, as required by state law, of the medical records pertaining to my animal(s) named _____ be released to the following veterinary practice or other party by fax or surface mail or by email:

Request For: ☐ Chart ☐ X-Ray * A $5 fee will be assessed for handling x-ray transfers

☐ Other: _____

Reason for Request: _____
(reason for transfer of records)

Transfer to: ☐ U of M ☐ Other _____
(please list Clinic name)

Records sent to: _____
Name of Practice or Other Party

_____
Street Address City State Zip

Email address of Recipient _____ @ _____ . ____

Fax Number of Recipient _____

From: _____ (party requesting a copy of medical records)

Payment of $_____ is enclosed as payment of the fee required to copy/transfer and mail this information as directed.

I hereby authorize and provide my written consent to this transfer of medical information

_____ _____ / _____ / _____
Signature of Owner or Authorized agent Date

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_____ _____ / _____ / _____
Reviewed by: Signature of Veterinarian Date