



4755 Rainbow Blvd. Westwood, Ks 66205
P: 913-262-1600 F: 913-262-9164

Request for Release of Medical Records

I request that copies or summaries of the medical records of my pet(s) names:

_____	_____	_____
_____	_____	_____
_____	_____	_____

be released to:

Practice Name

Street Address

City

State

Zip

Signature of Owner

Date

Veterinarian's Approval

Date