



# Chippewa

## ANIMAL HOSPITAL

3850 Chippewa St. St. Louis, MO 63116 (314)772-0292

### **Authorization to release Veterinary Medical Records**

Medical History

Labs

Fecal Results

Vaccination

Heartworm Test

I certify that I am the owner or authorized agent of the pets on file at Chippewa Animal Hospital and hereby authorize the release of my pet(s) \_\_\_\_\_ records to be sent to any veterinary facility, groomer or boarding facility authorized by you to treat your pet.

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

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