

Consent for Release of Confidential Medical Information

I request that duplicates of my pet's confidential medical information be made as noted below, and that the duplicates be transmitted to the veterinary hospital marked below.

CHOOSE ONE:

- Animal Ark Pet Hospital
3024 West 12th Street
Erie, PA 16505
Phone: 814-838-7387 Fax: 814-835-2034
Email: petwellness@animalarkkingdom.com

- Animal Kingdom Pet Hospital
2222 East 38th Street
Erie, PA 16510
Phone: 814-825-0463 Fax: 814-825-1680
Email: petwellness@animalarkkingdom.com

Owner information:

Name _____

Address _____

City/State/Zip _____

Phone _____

Please send the following medical records to the above hospital by:

FAX EMAIL MAIL
(Circle one)

- Computerized listing of past services and reminder due dates
- Handwritten medical charts, treatments and tests from: _____ to current
- Radiographs from: _____ to current
- Laboratory Results from: _____ to current

Signature _____ Date _____