

La Crosse Veterinary Clinic

Jill Kindermann, DVM David Mitzelfeldt, DVM Jamie Skime, DVM Anne-Kristi Lee, DVM

Consent to Release Medical Records

Owner Name:

Co-Owner Name:

Owner Address:

City:

State:

Zip:

Owner Phone:

Pet Name:

Species:

Birth date (mm/dd/yy):

Breed:

Sex:

Color:

I certify that I am no longer the current owner of the above named animal, and ownership of said animal has been transferred to the person(s) named below:

New Owner(s):

Address:

City:

State:

Zip:

Phone(s):

Pet's name changed? No Yes:

I hereby grant the La Crosse Veterinary Clinic permission to provide the above named new owner of my pet with written copies of this pet's medical records.

Signature of Owner:

Date: