



Apricot Veterinary Clinic Apricot Veterinary Clinic

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AUTHORIZATION FOR RELEASE OF VETERINARY RECORDS

Owner First & Last Name *(Su Nombre)*

Phone *(Teléfono)*

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Patient(s) Name *(Nombre de Paciente)*

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I REQUEST THIS TRANSFER FOR THE FOLLOWING REASON (CHECK ONE)

- GROOMING** *(corte de cabello)*
- SECOND OPINION** *(segunda opinión)*
- CHANGING VETERINARIANS** *(cambiando Veterinaria)*
- VACCINE RECORDS ONLY** *(registro de vacunas)*
- OTHER (PLEASE SPECIFY)** *(otra causa, especifica)* _____

Owner Signature: _____

Date _____