

RECORDS RELEASE AUTHORITY

St Francis Animal Hospital

8535 20th Street
Vero Beach, FL 32966
Telephone (772)299-0313

Fax (772)299-0314

To: _____
(Hospital)

I, _____ hereby request that you release to

St Francis Animal Hospital

A copy of any diagnosis, treatment, prognosis and recommendations, as well as other data pertinent to your treatment of the following patients:

1. _____

2. _____

3. _____

4. _____

Client Signature

Date