

# Consent for Medical Records Transfer

I, \_\_\_\_\_, consent to have the medical records of  
(Printed Name)  
my pet(s), \_\_\_\_\_,  
(List all pets for records to be requested)

to be released to Bradshaw Mountain Animal Hospital.

Records may be sent to: Bradshaw Mountain Animal Hospital  
6227 E. 2<sup>nd</sup> Street  
Prescott Valley, AZ 86314  
(928)-772-7775

Or faxed to: (928)-772-5970

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

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Previous Veterinary Clinic(s) \_\_\_\_\_

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PVPC KAH PAH TBAH MHAH ACC GMAH VV HVC CLAC CVAH

Fax Date \_\_\_\_\_ Emp \_\_\_\_\_ Fax Date \_\_\_\_\_ Emp \_\_\_\_\_

Received Yes No