

Consent for Medical Records Transfer From Bradshaw Mountain Animal Hospital

6227 E. 2nd Street
Prescott Valley, AZ 86314
928-772-7775
Fax 928-772-5970

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 _____.

Records may be sent or faxed to the following address:

Street address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax number: _____

Owner Signature _____ Date _____