



Connolly ANIMAL CLINIC, INC,

Excellence in Small Animal Care
936-569-8726
fax -936-569-1108

2606 University Dr. Nacogdoches, Texas 75965

Medical Records Release Form

To: _____ From: _____

I hereby request that copies of all medical records and lab work for my pets (listed below) be released to the veterinary hospital listed above. Please fax at your earliest convenience. Thank you.

Pets Names: _____

Owner's Signature: _____

Owner's Printed Name: _____

Date: _____

**Please note: this form must be signed in the presence of a representative of Connolly Animal Clinic, Inc., or a representative of the releasing veterinary hospital.

Representative Signature and Date: _____