

Tender Paws Animal Hospital
4235 N. Frazier
Conroe, Texas 77303
Office: 936-856-3339
Fax: 936-856-7930
tenderpaws@suddenlinkmail.com

This is a formal request for a copy of my pet's medical records.

Client Name: _____

Pet Name(s): _____

Picked Up By: _____

Mail To: _____

Email To: _____

Fax To: _____ **Fax:** _____

Attention: _____

According to rule 573.54 of The Texas Veterinary Medical Board, by signing below you give Tender Paws Animal Hospital permission to remit your pets' medical records and will not hold Tender Paws Animal Hospital or its employees, owners, shareholders or agents liable for any use or misuse of the information released.

Signature of Owner/ Agent

Date

Reason: Moving ____ **Transfer To Another Vet** ____ **Vaccination Verification** ____ **Other** _____