

Request for Release of Medical Records

From: _____

To: _____

I request that copies or summaries, as required by state law, **Florida Statute 474.2165 (3)** of the medical records pertaining to my animal(s) named _____ be released to the following veterinary practice or other party by fax or surface mail at the address listed below.

**TLC Animal Hospital
5400 N. Dixie Highway
Suite 14
Boca Raton, FL 33487
Fax: (561)997-9716
tlanimalhospital@yahoo.com**

Email address of Recipient:

Signature of Owner or Authorized Agent

Date

Signature of Veterinarian Who Approves This Request

Date