

Request for Release of Medical Records

I request that copies or summaries of the medical records of my pet(s) named:

Be released to:

Sexton Clinic
1499 Danville Blvd.
Alamo, Ca 94507
(925) 855-8387 - Phone
(925) 855-1190 - Fax

Name of Owner: _____
(Please Print Name)

Signature of Owner: _____ Date: _____

Requesting records from which vet hospital: _____