



***Niagara Frontier Veterinary Society***

Your veterinarian.  
Your other family doctor.

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## REQUEST FOR TRANSFER OF MEDICAL RECORDS

By law, original medical records must be retained for five years after the last entry. However, a copy or summary of the information contained in these records can be forwarded. The confidentiality of your pet's health information is very important. Accordingly, we ask you sign where indicated to authorize the release of your pet's medical information.

CLIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Circle one:    CAT            DOG            Other  
*(Please complete a separate form for each pet)*

*I authorize the release of a copy of the medical records for the above animal.*

From: \_\_\_\_\_

To:                      Cheektowaga Veterinary Hospital  
\_\_\_\_\_

957 Dick Rd, Cheektowaga, NY 14225  
\_\_\_\_\_

Phone:    716-634-8736                      Fax:    716-634-0424  
\_\_\_\_\_

Pet Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

[ ] Check here if this is a permanent transfer and you no longer wish to receive mailings from your previous hospital.