



True Blue Veterinary Hospital

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AUTHORIZATION FOR RELEASE OF VETERINARY RECORDS

Owner First & Last Name (*Su Nombre*)

Phone (*Teléfono*)

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Patient(s) Name (*Nombre de Paciente*)

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I REQUEST THIS TRANSFER FOR THE FOLLOWING REASON (CHECK ONE)

- GROOMING** (*corte de cabello*)
- SECOND OPINION** (*segunda opinión*)
- CHANGING VETERINARIANS** (*cambiando Veterinaria*)
- VACCINE RECORDS ONLY** (*registro de vacunas*)
- OTHER (PLEASE SPECIFY)** (*otra causa, específica*) _____

Owner Signature: _____

Date _____