



Wise Owl Animal Hospital

705 S. Marine Corps Dr.

Tamuning, 96913, GU

Office Number: 671-646-2273

Email Address: info@wiseowl.net

MEDICAL RECORDS RELEASE FORM

I hereby authorize the release of any and all medical, surgical, and other information contained in the medical records of those pet(s) listed below to the following person or Veterinary Practice:

Client's Information

Last, First Name:

Mailing Address:

Primary Phone:

Email Address:

Pet Name:

Additional Pet's Name:

Release Records to:

Records Format (Email/Print):

STAT:

Yes - Same Day (\$75 expedite fee)

No - 3-5 business days (\$25 fee)

By signing below, I HEREBY CONFIRM THAT I AM THE OWNER OF THE PET(S)
LISTED ABOVE.

Signature:

Date: