



Request for Transfer Of Medical Records

Niagara Frontier Medical Society

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 records 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: Elma Animal Hospital 3180 Transit Road West Seneca, NY 14224

Phone: 716-656-7387 Fax: 716-656-6059 Email: Elmavets@gmail.com

Pet Owners Signature: _____

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