

**TIME SENSITIVE REQUEST**

**MEDICAL RECORDS TRANSFER REQUEST and AUTHORIZATION**

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

**TO CLINIC:**

\_\_\_\_\_  
clinic name

\_\_\_\_\_  
address

\_\_\_\_\_  
city, state zip

\_\_\_\_\_  
fax number

**FROM:**

\_\_\_\_\_  
owner name

\_\_\_\_\_  
address

\_\_\_\_\_  
city, state zip

\_\_\_\_\_  
phone number

**FOR MY PET:**

\_\_\_\_\_  
my pet's name

\_\_\_\_\_  
type/breed

Please transfer a copy of my pet's medical records to the following veterinary hospital as soon as possible.  
I hereby authorize you to release and fax all medical, healthcare and financial records to the following facility.

APC Veterinary, 13111 E 11<sup>th</sup>, Tulsa, OK 74108, 918-437-6735 Fax # 918-376-7060

Please update your records to reflect that this transfer is  temporary  permanent.

Please  keep me on  remove me from your mailing, email and phone contact list.

**AUTHORIZED:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date