R. J. Troutman, DVM
A. W. Platt, DVM
J. J. Mazur, DVM
V. H. Alexander, DVM
L. M. Connolly, DVM
H. H. Buckley, DVM
K. G. Robinson, DVM
C. W. White, DVM



Medical Records Information Release

As owner or authorized agent of the owner,	•
the medical records for my pet(s) be released to	
Thank you· Please send the information to:	
Address:	_
Phone:	
Fax:	
Owner Name:	
Owners Signature:	
Date:	