

Catawba Animal Clinic
2241 India Hook Rd. Rock Hill, SC 29732

Medical Records Information Release

As owner or authorized agent of the owner, I request that information in the medical records for my pet _____ be released to _____.

Thank you. Please send the information to:

Address: _____

Phone: _____

Fax: _____

Email: _____

Owner's Name (print): _____

Owner's Signature: _____

Date: _____