



6955 Madison Avenue
Indianapolis, IN 46227
(317) 786-1483 (P)
(317) 786-3083 (F)
contact@southportpethospital.com
<http://www.southportpethospital.com>

REQUEST FOR TRANSFER OF MEDICAL RECORDS

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 health information 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
(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: _____

Phone: _____ Fax: _____

Pet Owner Signature: _____

Date: _____

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