



**The Meadows Veterinary Center**  
TheMeadowsVetCenter.com  
8030 South County Rd 5  
Windsor, CO 80528  
(970) 223-9800

**Medical Records Release Form**

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

**Client Name:**

**Address:**

**Phone Number:**

**Patient:**

**Species:**

**Breed:**

**Sex:**

**Color:**

**Weight**

To: \_\_\_\_\_ (practice name with patient records)

I request that copies **as required by state law**, of the medical records, summaries and lab results, pertaining to my animal(s) be released to the following veterinary practice or other party by surface mail or by email or verbal transfer of information over the phone:

The Meadows Veterinary Center  
8030 S. County Rd. 5  
Windsor, CO 80528

Email address of Recipient: [themeadowsvet@gmail.com](mailto:themeadowsvet@gmail.com)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date