



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

Client Signature

Date