

**Request for Release of Medical Records  
Form B**

To: Princeton Animal Hospital & Carnegie Cat Clinic  
726 Alexander Rd.  
Princeton, NJ 08540

I request that copies or summaries of the medical records of my pet(s) named:

\_\_\_\_\_

be released to:

\_\_\_\_\_

Company Name

\_\_\_\_\_

Street Address

City

State

Zip

Please check one of the options below:

Please mail copies of my records to the requested address

Please fax copies of my records to the requested address

\_\_\_\_\_

Signature of Owner

\_\_\_\_\_

Date

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*For Staff use only*

\_\_\_\_\_

Veterinarian's Approval

\_\_\_\_\_

Date

\_\_\_\_\_

Staff Signature

\_\_\_\_\_

Date