

Stoney Brook Veterinary Hospital

Medical Records Release

Date: _____

Client Name: _____

Client Address: _____

Client Telephone: _____

Client's Pet(s): _____

I authorize the release of all medical records of the pets listed above to be faxed to the Stoney Brook Veterinary Hospital. Please include labwork results, doctor's progress notes and vaccination schedules.

Signed: _____ Date: _____

Owner or authorized agent

Printed Name: _____

Previous Veterinarian(s): _____

Stone Brook Veterinary Hospital
88 Riverside Drive
Lebanon, NH 03766
Phone: 603-448-4448 Fax: 603-448-8848