

VirtuaVet Request for Release of Medical Records

From: _____

To: _____

I request that copies or summaries, as required by state law, of the medical records pertaining to my animal(s) named

_____ be released to Dr.

Truli at VirtuaVet, preferably via email at VirtuaVet@BostonBrainBank.com, or by fax: 888-377-3332.

Payment of \$_____ is enclosed as payment of the fee required to photocopy and mail this information as directed. I hereby authorize and provide my written consent to this transfer of medical information.

Signature of Owner or Authorized Agent

Date

Signature of Veterinarian Who Approves This Request

Date