



Anderson Animal Clinic

2650 West Baseline Road

Mesa, Arizona 85202

(480) 838-3682

Fax (480) 775-1454

This is a formal request for a copy of my pets' records.

Client Name: _____

Pet Name: _____

Picked up _____
in person by:

Mail to: _____

Fax to: _____

By signing below, I affirm that I will not hold Anderson Animal Clinic or its employees, owners, shareholders, or agents liable for any use or misuse of the information released.

(SIGNATURE)

(DATE)

Client # _____

Reason:

- Moving
- Transferring to another veterinarian
- Vaccination Verification
- Other: _____