



Janice W. Price, DVM, Director  
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**WINDMILL ANIMAL HOSPITAL**  
**RELEASE OF RECORDS PERMISSION FORM**

**Date:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Pet(s):** \_\_\_\_\_

**Please be advised I hereby give permission for \_\_\_\_\_**  
\_\_\_\_\_

**to fax or provide copies of my pet(s) records to:**

**the Doctors at Windmill Animal Hospital.**

**I understand that any fees associated with this records transfer will be my responsibility.**

**Signed:**

\_\_\_\_\_  
**(owner of above described pet(s))**