



## Request for Transfer of Medical Records

[www.nickelcityvets.com](http://www.nickelcityvets.com)

Niagara Frontier Veterinary Society

By law, original medical records must be retained for five years after the last entry. However, a copy or summary of the information contained in these records can be forwarded. The confidentiality of your pet's health information is very important. Accordingly, we ask you sign where indicated to authorize the release of your pet's medical information.

CLIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Circle one: CAT DOG OTHER  
(Please complete a separate form for each pet)

I authorize the release of a copy of the medical records for the above animal.

FROM: \_\_\_\_\_

TO: Nickel City Animal Hospital 473 Niagara St Buffalo, NY 14201

Phone: (716) 847-1000

Fax: (716) 847-1004

Pet Owner Signature: \_\_\_\_\_

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

[ ] Check here if this is a permanent transfer and you no longer wish to receive mailings from your previous hospital.