

VETERINARY RECORDS CONSENT FORM

I _____ give **Red Hydrant Pet Spa and Boutique**
Print Your Name

permission to retrieve vaccine records from _____
Veterinarian Office/Clinic

For my dog(s): Please PRINT the dogs name below

- 1) _____
- 2) _____
- 3) _____
- 4) _____

For Verification Purposes:

Name of Owner: _____

Address of Owner: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Home Office Cell

(_____) _____ Home Office Cell

(_____) _____ Home Office Cell

Signature _____ Date _____