



Range Road Veterinary Clinic
5018 50 St
Beaumont, AB
T4X 1E5
P: (780) 737-7297
reception@rangeroadvet.com

Consent to Transfer Medical Records

I, _____ request that copies or summaries of the medical
owner/authorized agent

records pertaining to my animal(s) _____
pets name(s)

from _____ be released to Range Road
Clinic Name

Veterinary Clinic via email reception@rangeroadvet.com.

Signature of Owner or Authorized Agent: _____

Date: _____

*If file is more than 10 pages please email to reception@rangeroadvet.com

Thank you!