

Fax From: Critter Clinic

10534 West Ustick
Boise, ID 83704
208-323-1210
208-658-8564 fax

Fax to: _____

Subject: Client/Patient Release Form

I give permission for Critter Clinic to fax the full medical records of my pets to the _____.

Owner Names (Print Please)

Patient names

If you have any questions please call 208-323-1210.
Thank You!

Owner Print Name

Owner Signature

Date