

# Fax From: Critter Clinic

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

Fax to: \_\_\_\_\_  
\_\_\_\_\_

## Subject: Client/Patient Release Form

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

Owner Names (Print Please)

Patient names

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Owner Print Name

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date