

McGovern Animal Clinic
38015 Spur 149
Magnolia TX 77354
Office: 281-356-2384
Fax: 281-356-2394
Website: www.mcgovernac.com
e-mail: doonthespur@mcgovernac.com

REQUEST FOR RELEASE OF MEDICAL RECORDS

Owner Name: _____
Address: _____
City/St/Zip: _____
Phone: _____

Pet/s Name/s: _____

I, _____ the owner, or authorized agent, of the above named pets do hereby request the medical records be released to the veterinary clinic named below.

Veterinarian Name: _____
Clinic Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____

Owners signature

Date.