

Penfield Veterinary Hospital

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By New York State law, Penfield Veterinary Hospital is required to obtain written approval from the name listed on the account at our practice in order to give out any information regarding you or your pets. If you would like to grant us the ability to release this information to those who call, please sign this form and return it to the front desk or fax it to us at (585)381-8293.

Medical Records Release Form

Client name: _____

Account Number: _____

I, the undersigned do hereby grant my permission to release any or all of the information contained in the medical records of those pets listed below to the following person or place of business:

Pet Names:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Person or Place of Business in which we can release information to:

Signature:

_____ Date: _____

** Please note; this release will remain in effect until you notify us in writing of any desired changes.