

Peace Arch Veterinary Hospital
1959 152nd St. Unit #124
Surrey BC V4A 9E3
604-536-3131



Medical Records release form

I hereby authorize the Peace Arch Veterinary Hospital to release my pet's medical records to - _____.

E-mail where records need to be sent

Client's Full name: _____

Pet's name/species: _____

Phone number on file: _____

- ***Processing time 3-5 business days***
- *39\$ admin fee applies if records are for more than 1 visit (unless it was an emergency visit or a mutual client) and more than 1 pet.*
- *Payment can be sent by e-transfer to peacearchvet@gmail.com*

Signature of Owner

Date: _____

I hereby certify that I am the owner (Pet Parent) or authorized agent of the Pet Parent of the above described pet(s). Further, I hereby request and authorize this veterinarian to release the requested medical information for my pet(s). I release the veterinarian and staff from any legal responsibility or liability for the release of information to the extent indicated as authorized herein.

office use only

Date request received:

Date of release of records:

Staff Signature: