



Pinion Veterinary Hospital

Records Release Authorization

I, _____ authorize
Please print name

(Write name of animal hospital below)

To release complete medical records (including lab work) for the pet(s) named below to:

Pinion Veterinary Hospital
11115 S. Virginia Street
Reno, NV 89511
Tel: 775-851-4218
Fax: 775-852-6084

Pet Name(s):

1. _____
2. _____
3. _____
4. _____
5. _____

Signed: _____ Date: ___/___/___