

157 Big Baddeck Road, Baddeck, NS B0E 1B0 902-295-3440 / 902-295-1048 fax baddeckvets@ns.aliantzinc.ca

VETERINARY MEDICAL RECORD RELEASE FORM

I hereby authorize the Baddeck Veterinary Clinic to release my animal's medical records to:	
	· ·
Client's name(please print):	
Pet's name(s):	
Client's signature:	
Date:	