



Your previous or alternate veterinarian(s):

By signing below, I hereby authorize the immediate transfer/ sharing of all medical records pertaining to my pet named: _____ with Abel Pet Clinic, Inc., including vaccinations, results of examinations, diagnostic or screening tests, and medications prescribed. These may be sent by fax to: 916-684-6966, by email at abelpetelkgrove@gmail.com or if time permits, by mail to: 9098 Laguna Main St #1 Elk Grove CA 95758.

Please also transmit records pertaining to my other living pet(s).

I also authorize Abel Pet Clinic, Inc. to transmit future records regarding my pet(s) at the request of

Print Name: _____

Other name(s) on record: _____

Signed: _____ Date: _____