



Request for Medical Record Release

Back Bay Veterinary Clinic
324 B Newbury Street
Boston, MA 02115
(617)247-2273
(617) 247- 1487 fax

I, _____ the owner of _____,
am requesting a copy of my pet's medical record to be released from the Back Bay
Veterinary Clinic.

This request is free for records fewer than 5 pages. Any record over 6 pages will incur a
charge of \$10.00 to process. By signing below I agree to accept the processing fee for
this request.

Please note this request may take up to 72 hours to process.

Signed:

Date:

Current Address:

Current City & State:

Current Telephone number

Reason for request

I will pick up the records at the Back Bay Veterinary Clinic.

I request the records be sent to me at the above address.

I request the records be faxed to me at () - .