



Medical Records Request

I hereby request that a copy of the medical records for my animal(s) named:

\_\_\_\_\_

be released to via FAX, Mail, or Email:

Canyon Animal Hospital  
24059 US Hwy 40  
Golden, Colorado 80401

(303) 526-2652 : FAX (303) 531-5232 : Email [info@canyonanimalhospital.com](mailto:info@canyonanimalhospital.com)

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Veterinarian's Approval \_\_\_\_\_

Date \_\_\_\_\_

Patient number(s) \_\_\_\_\_