

**BIGHORN VETERINARY SERVICE**  
13545 U.S. Highway 285  
Pine, CO 80470  
303-838-8715



**VETERINARY MEDICAL RECORD REQUEST**

Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

I hereby request \_\_\_\_\_ to release any or all of the information contained in the medical record for the above listed patient(s) to:

Name: Bighorn Veterinary Service

Telephone: 303-838-8715

E-Mail: bighornvet@gmail.com

Fax: 303-265-9067

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_