

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: _____