



Helena Veterinary Service

For Happy and Healthy Pets

2830 N. Montana Ave

Helena, MT 59601

Phone: (406) 442-6450 Fax: (406) 442-6719

www.helenavets.com

Request for Release of Medical Records

Owner Name: _____

Phone Number: _____

Records to be released to: (facilities name or owner's name)

Address/email of person records are to
be released to:

Name of Pet(s) records are
needed for:

Reason for requesting records:

To Authorize Verbal Release of Vaccine Information

I, the undersigned owner or agent for the owner of the pet(s) named above, hereby authorize the release of my pet(s) vaccination information to the following:

Facilities: _____

Owner Signature: _____ Date: _____

Printed Name: _____ Date: _____

HVS Doctor's Signature: _____ Date: _____

There is a fee for printing, mailing, emailing, faxing or copying records.