



Request for Medical Record Release

Back Bay Veterinary Clinic
288 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.

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 () - .

I request the records be emailed to me at