

BRIARCREST VETERINARY CLINIC, INC.
LARRY N. WHITE, D.V.M.
1492 WILCREST DRIVE
HOUSTON, TX 77042
www.briarcrestvet.com
713-789-8320

Medical Release Form

Client's Name: _____

Account #: _____

Pet Name: _____

I, _____, the owner/agent of _____,
(Owner name) *(Pet name)*
_____, born _____,
(Species/Breed) *(Sex/Altered)* *(Color)* *(mm/dd/yy)*

am requesting medical history records from Briarcrest Veterinary Clinic, Inc. on this
date _____.

Please check one of the following:

Owner will pick up records at Briarcrest Veterinary Clinic.

Requesting records to be faxed to the following number _____

Records will be picked up by _____

Owner/Agent Signature: _____ Date: _____