



MEDICAL RECORD TRANSFER AUTHORISATION

Date: _____

I _____ of _____

Authorise my former practice _____

To release & forward the medical records to Lamington Terrace Veterinary Surgery
for my pet/s listed below:

Name: _____ breed: _____

Name: _____ breed: _____

Name: _____ breed: _____

Name: _____ breed: _____

Please forward the records either by fax to (07) 5441 3333 or email to
info@lamingtonvet.com.au

Signed _____