EQUINE VETERINARY CARE
LOCATED AT FAIR HILL TRAINING CENTER

Request for Release of Medical Records

From: _____ (party requesting a copy of medical records)

To: **Equine Veterinary Care 288 Training Center Drive Elkton, MD 21921-2120**

I request that copies or summaries, as required by state law, of the
medical records / radiographs / other imaging (circle) pertaining to the horse(s) named:

_____

be released to the following veterinary practice or other party by **fax, FedEx or email**:

_____
Name of Practice or Other Party

_____
Street Address City State Zip

Fax Number of Recipient _____
Email address of Recipient _____

I hereby authorize and provide my written consent to this transfer of medical information.

_____ _____
Signature of Owner or Authorized Agent Date

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_____ _____
Signature of Veterinarian Who Approves This Request Date

288 Training Center Drive · Elkton, Maryland 21921
Phone (410) 392-6646 · Fax (410) 392-7862 · info@equinevetcare.com