

Request for release of veterinary medical records

Pursuant to Wis. Statutes 453.075, I authorize **Dr. Gensler** to be sent all of the veterinary medical records pertaining to my pets:

(List Pets)

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These medical records should be faxed/emailed/mailed directly to:

Dr. Christopher Gensler

Tyranena Veterinary Clinic

Attention: Medical records

805 N. Main St.

Lake Mills, WI 53551

Clinic Phone: (920) 648-8400

Clinic Fax: (920) 648-3100

Clinic Email: tyranena@tyranenavetclinic.com

Client's name printed

Client's signature

Date of request (mm/dd/yy)