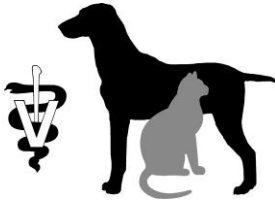


Companion

Animal Hospital of Milford



AUTHORIZATION TO RELEASE RECORDS

DATE:

TO:

RE: Veterinary Records

Dear Sir/Madam:

This letter is to instruct you to immediately turn over and release **all** veterinary records including medical/treatment notes, lab work, X-rays, and everything related to **all** of the animals owned by me which should be sent to the following address or faxed to 203-882-8850.

Companion Animal Hospital of Milford, LLC
100 Lansdale Avenue
Milford, CT 06460

Thank you for your anticipated cooperation.

Sincerely,

Name

Address: _____

Name of Animals: _____

