



Confederate Woods Veterinary Hospital Record Transfer Request Form

When you arrive for your first appointment at Confederate Woods Veterinary Hospital, we will contact your prior Hospital/Veterinarian and request a copy of your pet's history and important medical information. All pertinent history and medical information will be added to your pet's computerized records at Confederate Woods so that we have a complete medical profile of your pet.

Your Pet's Information and Current Veterinarian

Date: _____

Pet name(s): _____

My current Hospital/Veterinarian is _____

Hospital/Veterinarian Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Consent to Transfer

I am requesting and authorize that you contact my current Hospital/Veterinarian and transfer my pet(s) complete medical history to Confederate Woods Veterinary Hospital.

My pet's name(s) are: _____

your signature

please print your first & last name