

Eric Andersen, DVM  
Danica Salamun, DVM  
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Client Information:

<last-name>, <first-name> (<number>)

<address>

<city>, <st> <zip>

Home: <area>-<phone>

Patient: <animal>

Additional Patients: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

*In accordance with the Model Veterinary Practice Act set forth by the AVMA regarding the confidentiality of patient medical records, a written authorization or written documentation of a waiver via the client's verbal consent is required in order to produce copies of your pet's medical records. "For information on how we collect and use information about you and your pet, and how you may opt-out of some uses, please see our Privacy Policy at [vcahospitals.com/privacy-policy](http://vcahospitals.com/privacy-policy)."*

**TRANSFER TO BALLSTON SPA VETERINARY CLINIC**

I hereby request that my pet's medical records be released to:

\_\_\_\_\_ The Ballston Spa Veterinary Clinic \_\_\_\_\_

- Fax Records to Fax Number: 518-885-3688
- Email Records to: [bsvcinfo@gmail.com](mailto:bsvcinfo@gmail.com)
- Pick up Records to bring with me

**TRANSFER FROM BALLSTON SPA VETERINARY CLINIC**

I hereby request that my pet's medical records be released to:

Reason for Record transfer:  Second Opinion  Referral to Specialist  Change Veterinarian  
 Vaccination Certificate for Boarding, Grooming, or Obedience Class  Insurance Purposes

- Fax records to Fax Number: \_\_\_\_\_
- Email Records to: \_\_\_\_\_
- I am picking up the records at the Ballston Spa Veterinary Clinic.

Please inactivate my chart. I know that records will be retained for a minimum of 3-5 years, but I will no longer receive reminders.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Possible Names that my record could be under in the computer system:	
_____	_____
First Name	Last Name
_____	
_____	_____
First Name	Last Name
_____	
_____	_____
First Name	Last Name