



Date:

## **Veterinary Records Request Form**

Could you please fax or e-mail the medical records for the following patient listed below. We will be seeing them soon and would like to make sure we have a full medical history. Thank you for your prompt attention to this matter.

Fax Number: (858) 643-0030

Email address: [snugvet@snugpetresort.com](mailto:snugvet@snugpetresort.com)

*Acknowledge that I am the owner of the patient listed below and request that my pet's medical records be sent to Snug Pet Resort for an upcoming appointment.*

Patient:

Client name:

Client Address:

Client Signature: