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## Records Release

I, \_\_\_\_\_ (owner), give permission for your clinic  
\_\_\_\_\_ (previous clinic) to release records for  
\_\_\_\_\_ (pet/s) to Wisconsin Valley Veterinary  
Service. Please email them to [info@wisconsinvalleyvet.net](mailto:info@wisconsinvalleyvet.net)

Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_

Owner Phone \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_