

*Eden & Fond du Lac Veterinary Clinic, LTD.
252 South Main Street
Fond du Lac, WI 54935
(920)923-8886
Fax (920)923-3308*

To: _____

I hereby request that copies or summaries of the medical records of my
pet(s) named:

_____,
_____,
_____,
_____.

be released to:

Fond du Lac Veterinary Clinic, LTD.
252 South Main Street
Fond du Lac, WI 54935
Phone: 920-923-8886
Fax: 920-923-3308

Owner's Name (please print): _____

Owner's Signature: _____ Date: _____