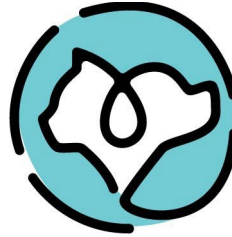


Mac Animal Clinic
1026 Speers Road, Oakville
P: 905-844-6786
E: reception@macvets.com
W: www.macvets.com



Transfer of Medical Records Consent Form

I, _____ hereby authorize the transfer of medical records for my pet(s) _____

from _____ to **Mac Animal Clinic**.

I certify that I am the legal owner, or authorized agent of the above patient (s), and that I am authorized to sign authorizations for this patient.

Client signature: _____ Date: _____