



102-50 Sage Creek Blvd
Winnipeg, MB
R3X 0J6
Phone: (204)255-1150
Fax: (204)255-1244

Consent for Transfer of Medical Records

Owner Name:		Pet Name:	
Address:		Species:	
City:		Sex:	
Province:		Breed:	
Postal Code:		Color:	
Phone:		Age:	

I, _____ (Owner Name) the undersigned, do hereby authorize
_____ (Veterinary Hospital/Clinic) to disclose and transfer my
personal information and my pet(s) medical records to Sage Creek Animal Hospital.

Signature of Pet Owner/Agent Name: _____
Date: _____

Note: Some Veterinary Hospital/Clinics charge a fee to transfer records, please follow up with the other Veterinary Hospital/Clinic to ensure your records are transferred quickly and efficiently.

Note to Veterinary Hospital/Clinic: Please send complete Medical History and a Vaccine Certificate by Email (preferred) or Fax.

**Email: info@sagecreekanimalhospital.ca
Fax: 204-255-1244**