



Highlands Veterinary Hospital
840 S. Montana Street
Butte, Montana
Phone 406-299-3700 Fax 406-299-3002

RECORDS REQUEST FORM

Date Requested: _____ Client Name: _____

Pet Name: _____ Pet Name: _____

Pet Name: _____ Pet Name: _____

Name of previous provider/clinic: _____

Signature: _____

Request for pet records to include:	
<ul style="list-style-type: none"><input type="radio"/> Vaccine History<input type="radio"/> Medical History<input type="radio"/> Diagnosis<input type="radio"/> Lab Work/Radiology Reports/Results<input type="radio"/> Medication/Prescription Diet Lists	<ul style="list-style-type: none"><input type="radio"/> ALL (Lifetime Records)<input type="radio"/> Date Range: _____<input type="radio"/> Other Specific Time Line: _____ _____ _____

METHOD OF RECORD TRANSFER:
<ul style="list-style-type: none"><input type="radio"/> Fax Records to 406-299-3002<input type="radio"/> Mail to: Highlands Veterinary Hospital 840 South Montana Street Butte, MT 59701

Records Received

Date: _____

Initials: _____