

In order to comply with the Veterinary Practice Act (58-28-703 Veterinarian-Client Confidentiality), we now require written authorization from our clients to release medical records. We will continue to make available "ordinary facts" such as patient age, name, breed, species, sex, vaccination history or medications dispensed without requiring written client authorization.

The consent form can be faxed to the client or copied by your hospital when information is requested for release. After the client has completed the form, please fax it to us at (801) 544-7781 and we will fax the requested information to you as quickly as possible.

Request for Release of Medical Records

To: Fairfield Veterinary Hospital
230 N Fairfield Rd
Layton, UT 84041

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

Be released to (practice name)

Street Address

City

State

Zip

Signature of Owner _____

Date _____