



**Pet Wellness**  
Allergy and Dermatology CENTER

Patient Name: \_\_\_\_\_

Description: \_\_\_\_\_

Pet Parent Name: \_\_\_\_\_

Home Address:

Cell Phone: \_\_\_\_\_

Primary Care Veterinarian:

I am requesting a copy of my pet's veterinary record:

Paper copy                      copy sent to: \_\_\_\_\_                      Faxed copy to: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Pet Parent: \_\_\_\_\_                      Date: \_\_\_\_\_

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