

Pet Owner's Name

Address

City State ZIP

Pet Owner's Phone Number

Current Veterinary Clinic's Name

Address

City State ZIP

I request that you transfer my pet(s) complete medical records to:

Michelle Beck DVM  
P.A.W.S. Pet Hospital, PLLC  
4644 Victor Path  
Hugo, MN 55038



# Pet Hospital

Records may be transferred by:

US Mail address at left  
eMail Staff@PAWSPetHospital.com  
FAX (651) 203-3507

Pet's Name

Species

Breed

If you have any questions about this records transfer request, I authorize you to work with Dr. Beck and her staff to confirm what is needed and to arrange the transfer of documents. They can be contacted at (651) 400-1180 or Staff@PAWSPetHospital.com.

Thank you.

\_\_\_\_\_  
Pet Owner's Signature

Date