

FaerieLand Rescue



PO Box 213, Anoka, MN 55303
612-414-4073 phone
866-314-2402 fax
faerielandrescue@gmail.com
www.faerielandrescue.org

REQUEST FOR RELEASE OF VETERINARIAN RECORDS

Date: _____

Name/address of veterinarian: _____

Re: Welsh Corgi/German Shepherd named: _____

Dear Dr. _____

I/We have transferred ownership of my/our Welsh Corgi/German Shepherd named

to the FaerieLand German Shepherd & Welsh Corgi Rescue, Inc.. You are hereby authorized and directed to treat FaerieLand Rescue as the owner of this dog and to deliver to FaerieLand Rescue's representative all medical records (including any X-ray films) of this dog. I/We would appreciate it if you would cooperate fully with FaerieLand Rescue and its representative regarding the medical history and treatment of this dog. Thank you for your assistance.

Sincerely,

Name: _____

Address: _____

Phone: _____

cc: FaerieLand Rescue