

Date:

I, _____, give
Berkeley Lake Animal Hospital
permission to act as my agent and
obtain all medical records (complete
chart, any and all lab results,
radiographs etc..) on my behalf for
my pet _____.

Please fax all records to 770-476-
2972

Berkeley Lake Animal Hospital
2900 Peachtree Ind. Blvd.
Duluth, GA 30097
770-476-8411
Dr. Wendy Sokol

Signed: _____