

Farm & Family Veterinary Service
148 Mohawk Drive
Marshall, IL 62441
217-826-3185

Your previous or alternate veterinarian(s): _____

By signing below, I hereby authorize the immediate transfer/ sharing of all medical records pertaining to my pet named: _____ with Farm & Family Veterinary Service, including vaccinations, results of examinations, diagnostic or screening tests, and medications prescribed. These may be sent by fax to 217-826-3188 or by e-mail to jenny@farmandfamilyvet.com.

___ Please also transmit records pertaining to my other living pet(s) listed below.

Print Name: _____

Signed: _____ Date: _____