

TIBETAN TERRIER CLUB OF AMERICA, INC.
VETERINARIAN MEDICAL RECORDS RELEASE

TO: (Veterinarian) Hospital

I have transferred all interests and ownership rights in my Tibetan Terrier described below to the TTCA Rescue Program and request that you release copies of the dog's medical records to the TTCA Rescue Program.

This _____ day of _____, 20_____ .

Signature

Name

Address

Telephone Number

Dog's Name: _____ Coat Color: _____
Date of Birth: _____ Age: _____ Sex: _____