

Alta-View Animal Hospital

690 Showers Dr. Mountain View, CA 94040

Client ID # _____

Client First and Last Name _____

Patient Name _____

I, the undersigned, request the release of X-rays taken of my pet at **Alta-View Animal Hospital**. In taking possession of these X-rays, I accept full responsibility for them.

I, the undersigned, also understand that the X-rays taken at **Alta-View Animal Hospital** are a part of this pet's medical record and as such should be returned to **Alta-View Animal Hospital** promptly.

Signed: _____

Print Name: _____

Date: _____

Date Returned: Initials:

Phone: (650) 948-1021 Fax: (650) 948-8860

Altaview@aol.com