



70 School Road
Voorheesville, N.Y. 12186
Phone (518) 765-0111
Fax (518) 765-0110

Authorization for Ownership Transfer

I, _____, hereby transfer ownership
of _____ to the care of _____. I authorize
Name(s) of Pet(s) (Name of Person/Organization)

The Village Animal Clinic to transfer all records pertaining to the above named pet(s) to the new owner. I understand that by surrendering ownership, I am no longer entitled to have unrestricted access to medical records or health status of the above named patient(s).

Owner's signature _____ Date _____