

B R E N T W O O D A N I M A L H O S P I T A L



**Consent for the Transfer of Information
to
Brentwood Animal Hospital**

I hereby give consent to have my pet's file(s) transferred to Brentwood Animal Hospital
(fax: 780-464-0418) from the clinic/hospital specified below:

Clinic/Hospital: _____

Pet(s): _____

Owner's Name: _____

(print clearly please)

Owner's Signature

Date